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## INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. The Register also contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current Register volume year and a Sections Affected Index listing by Title each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume year. Both indices are action coded and are designed to aid the public in monitoring rules.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State statute; and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies; is also published in the Register.

The Register is a weekly update to the *Illinois Administrative Code* (a compilation of the rules adopted by State agencies). The most recent edition of the Code along with the Register comprise the most current accounting of State agencies' rules.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1 et seq.].

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June 24, 1997	July 01, 1997	27	July 7, 1997*	Dec. 30, 1997	Jan. 6, 1998	2	Jan. 9, 1998

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

\* Monday



## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED RULE

1) Heading of the Part: Universal Service

2) Code Citation: 83 Ill. Adm. Code 765

3) Section Numbers:  
765.10  
Proposed Action:  
New Section

4) Statutory Authority: Implementing Section 254 of the Communications Act of 1934 (47 U.S.C. 254) and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/10-101].

5) A Complete Description of the Subjects and Issues Involved: On May 8, 1997, the Federal Communications Commission (FCC) issued its Report and Order, FCC Order No. 97-157, (Order) implementing key portions of Section 254 of the Telecommunications Act of 1996 (the Act), which addresses universal service. In the Act, Congress directed the FCC and state commissions to take steps necessary to establish support mechanisms to ensure the delivery of affordable telecommunications service to all Americans, including low income consumers, eligible schools and libraries and rural health care providers. The FCC's Order identifies the services to be supported by federal universal service funding and the mechanisms whereby such funding will be provided. Discounts on telecommunications services and certain non-telecommunications services for schools and libraries are among the items earmarked for federal funding.

Section 254 of the Act provides in relevant part:

All telecommunications carriers serving a geographic area shall, upon a bona fide request for any of its services that are within the definition of universal service under subsection (c)(3), provide such services to elementary schools, secondary schools and libraries for educational purposes at rates less than the amounts charged for similar services to other parties. The discount shall be an amount that the Commission [FCC], with respect to interstate services, and the States, with respect to intrastate services, determine is appropriate and necessary to ensure affordable access to and use of such services by such entities.

On July 17, 1997, 47 CFR 54.505 became effective, containing the FCC's discount matrix setting out discounts correlated to students' eligibility for the national school free and reduced lunch program, and urban or rural location based on metropolitan statistical areas (MSAs). The FCC has indicated that federal universal service support will be distributed on a first-come, first-served basis with reimbursement to participating entities beginning on January 1, 1998.

The proposed rule will incorporate by reference the FCC rule which sets

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED RULE

discounts ranging from 20 percent to 90 percent for all telecommunications services, internet access, and internal connections. These State-set discounts would be available for intrastate services.

6) Will this proposed rule replace emergency rules currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed rule contain incorporations by reference? Yes

9) Are there any other proposed amendments pending on this Part? No

10) State of Statewide Policy Objectives: This proposed rule neither creates nor expands any State mandate on units of local government, school districts, or community college districts.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed within 45 days after the date of this issue of the *Illinois Register* to:

Donna M. Caton  
Chief Clerk  
Illinois Commerce Commission  
527 East Capitol Avenue  
P.O. Box 19280  
Springfield, IL 62794-9280

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will affect those not-for-profit corporations that might qualify for the discount under the Federal rules and any participating telecommunications carriers that are also small businesses as defined in the Illinois Administrative Procedure Act.

B) Reporting, bookkeeping or other procedures required for compliance:  
None

C) Types of professional skills necessary for compliance: None

13) Regulatory agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: the Commission did not foresee the need for this rule.

The full text of the Proposed Rule is identical to the text of Emergency Rule for this Part appearing at page 11378 of this issue of the Illinois Register.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

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12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this amendment was summarized: July 1996

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Traditional Long-Term Care Insurance

2) Code Citation: 50 Ill. Adm. Code 2012

3) Section Numbers:

2012.10  
Amendment  
2012.40  
Amendment  
2012.50  
Amendment  
2012.60  
Amendment  
2012.90  
Amendment  
2012.100  
Amendment  
2012.123  
New Section  
2012.127  
New Section  
2012.128  
New Section  
2012.Exhibit A  
Amendment  
2012.Exhibit B  
Amendment  
2012.Exhibit C  
Amendment  
2012.Exhibit D  
Amendment  
2012.Exhibit F  
New Section  
2012.Exhibit G  
New Section  
2012.Exhibit H  
New Section

Proposed Action:

Amendment  
Amendment  
Amendment  
Amendment  
New Section  
New Section  
New Section  
Amendment  
Amendment  
Amendment  
New Section  
New Section  
New Section

4) Statutory Authority: Implementing and authorized by Section 351A-11 of the Illinois Insurance Code (215 ILCS 5/351A-11).

5) A Complete Description of the Subjects and Issues Involved: The Department is amending this administrative regulation to bring it in line with the latest NAIC model regulation.

6) Will this proposed amendment replace an emergency rule currently in effect? No

7) Does this amendment contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:



## DEPARTMENT OF INSURANCE

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 50: INSURANCE

## CHAPTER I: DEPARTMENT OF INSURANCE

## SUBCHAPTER 2: ACCIDENT AND HEALTH INSURANCE

## PART 2012

## TRADITIONAL LONG-TERM CARE INSURANCE

Section	Purpose
2012.10	Applicability and Scope
2012.20	Definitions
2012.30	Policy Definitions
2012.40	Policy Practices and Provisions
2012.50	Unintentional Lapse
2012.55	Required Disclosure Provisions
2012.60	Prohibition Against Post Claims Underwriting
2012.65	Minimum Standards for Home Health and Community Care Benefits in Long-Term Care Insurance Policies
2012.70	Requirement to Offer Inflation Protection
2012.80	Requirements for Application Forms and Replacement Coverage
2012.90	Reporting Requirements
2012.95	Filing Requirement
2012.100	Loss Ratio
2012.110	Filing Requirements for Advertising
2012.115	Reserve Standards
2012.120	Standards for Marketing
2012.122	Suitability
2012.123	Appropriateness of Recommended Purchase
2012.124	Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates
2012.126	Requirement to Offer Nonforfeiture Benefit
2012.127	Standards for Benefit Triggers
2012.128	Standard Format Outline of Coverage Requirements
2012.130	Requirement to Deliver Shopper's Guide
2012.140	Penalties
2012.150	Replacement Notice for Other Than Direct Response Solicitations
EXHIBIT A	Replacement Notice for Direct Response Solicitations
EXHIBIT B	Standard Format Outline of Coverage
EXHIBIT C	Rescission Reporting Format
EXHIBIT D	Class of Insurance - Accident and Health
EXHIBIT E	Traditional Long-Term Care Insurance Personal Worksheet
EXHIBIT F	Things You Should Know Before You Buy Traditional Long-Term Care Insurance
EXHIBIT G	Long-Term Care Insurance Suitability Letter
EXHIBIT H	

AUTHORITY: Implementing and authorized by Section 351A-11 of the Illinois Insurance Code (215 ILCS 5/351A-11).

## DEPARTMENT OF INSURANCE

## NOTICE OF PROPOSED AMENDMENTS

SOURCE: Adopted at 14 Ill. Reg. 10345, effective June 15, 1990; amended at 18 Ill. Reg. 2238, effective February 1, 1994; amended at 19 Ill. Reg. 2832, effective July 1, 1995; emergency amendment at 19 Ill. Reg. 8403, effective June 13, 1995, to expire September 1, 1995; amended at 19 Ill. Reg. 14421, effective October 3, 1995; amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 2012.10 Purpose

The purpose of this Part is to implement Article XIXA of the Illinois Insurance Code, to promote the public interest, to promote the availability of long-term care insurance coverage, to protect applicants for traditional long-term care insurance from unfair or deceptive sales or enrollment practices, to facilitate public understanding and comparison of long-term care insurance coverages and to facilitate flexibility and innovation in the development of long-term care insurance.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 2012.40 Policy Definitions

No insurance policy or certificate may be advertised, solicited, delivered or issued for delivery in this State as a traditional long-term care policy unless the policy or subscriber contract contains definitions or terms that are more restrictive than the requirements of this Section.

"Activities of Daily Living" means at least bathing, continence, dressing, eating, toileting and transferring.

"Acute Condition" means a condition that causes the individual to be medically unstable. Such individual requires frequent monitoring by medical professionals, such as physicians and registered nurses, in order to maintain his or her health status.

"Adult Day Care" means a program for six (6) or more individuals, of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

All providers of services, including but not limited to skilled nursing facility, intermediate care facility, convalescent nursing home, personal care facility, and home care agency shall be defined in relation to the services and facilities required to be available and the licensure or degree status of those providing or supervising the services. The definition may require that the provider be appropriately licensed or certified.

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## NOTICE OF PROPOSED AMENDMENTS

"Bathing" means washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.

"Cognitive Impairment" means a deficiency in a person's short- or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgement as it relates to safety awareness.

"Continence" means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

"Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

"Eating" means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

"Hands-on Assistance" means physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform the activity of daily living.

"Home Health Care Services" means medical and nonmedical services provided to ill, disabled or informed persons in their residences. Examples of such services may include but are not limited to homemaker services, assistance with activities of daily living and respite care services.

"Medicare" means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then Constituted or Later Amended", 42 U.S.C.A. Section 1395 et seq., including the "Medicare Catastrophic Coverage Act of 1988."

"Mental or Nervous Disorder" shall not be defined to include more than neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

"Personal Care" means the provision of hands-on services to assist an individual with activities of daily living, such as bathing, eating, dressing, transferring and toileting.

"Skilled Nursing Care", "Intermediate Care", "Personal Care", "Home Care", and other services shall be defined in relation to the level of skill required, the nature of the care and the setting in which care must be delivered.

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## NOTICE OF PROPOSED AMENDMENTS

"Toileting" means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

"Transferring" means moving into or out of a bed, chair or wheelchair.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 2012.50 Policy Practices and Provisions

a) Renewability. The terms "guaranteed renewable" and "noncancellable" shall not be used in any group and individual direct response or individual traditional long-term care insurance policy or certificate without explanatory language in accordance with the disclosure requirements of Section 2012.70 of this Part.

- 1) No such policy or certificate issued to an individual shall contain renewal provisions less favorable to the insured than "guaranteed renewable."
- 2) The term "guaranteed renewable" may be used only when the insured has the right to continue the traditional long-term care insurance in force by the timely payment of premiums and when the insurer has no unilateral right to make any change in any provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that rates may be revised by the insurer on a class basis.
- 3) The term "noncancellable" may be used only when the insured has the right to continue the traditional long-term care insurance in force by the timely payment of premiums during which period the insurer has no right to unilaterally make any change in any provision of the insurance or in the premium rate.
- b) Limitations and Exclusions. No policy may be delivered or issued for delivery in this State as traditional long-term care insurance if such policy limits or excludes coverage by type of illness, treatment, medical condition or accident, except as follows:
  - 1) Preexisting conditions or diseases;
  - 2) Mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease or senile dementia;
  - 3) Alcoholism and drug addiction;
  - 4) Illness, treatment or medical condition arising out of:
    - A) war or act of war (whether declared or undeclared);
    - B) participation in a felony, riot or insurrection;
    - C) service in the armed forces or units auxiliary thereto;
    - D) suicide (sane or insane), attempted suicide or intentionally self-inflicted injury; or
    - E) aviation (this exclusion applies only to non-fare paying passengers);
  - 5) Treatment provided in a government facility (unless otherwise



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required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance.

- 6) This subsection (b) is not intended to prohibit exclusions and limitations for payment of services provided outside the United States.

- c) Extension of Benefits. Termination of traditional long-term care insurance shall be without prejudice to any benefits payable for institutionalization if such institutionalization began while the traditional long-term care insurance was in force and continues without interruption after termination. Such extension of benefits beyond the period the traditional long-term care insurance was in force may be limited to the duration of the benefit period, if any, or to payment of the maximum benefits and may be subject to any policy waiting period, and all other applicable provisions of the policy.

## d) Continuation or Conversion

- 1) Group traditional long-term care insurance issued in this State on or after February 1, 1994 the effective date of this Section shall provide covered individuals with a basis for continuation or conversion of coverage.

- 2) For the purposes of this Section, "a basis for continuation of coverage" means a policy provision which maintains coverage under the existing group policy when such coverage would otherwise terminate and which is subject only to the continued timely payment of premium when due. Group policies which restrict provision of benefits and services to, or contain incentives to use certain providers and/or facilities may provide continuation benefits which are substantially equivalent to the benefits of the existing group policy. The Director, in making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity.

- 3) For the purposes of this Section, "a basis for conversion of coverage" means a policy provision that an individual whose coverage under the group policy would otherwise terminate or has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, and who has been continuously insured under the group policy (and any group policy which it replaced), for at least six months immediately prior to termination, shall be entitled to the issuance of a converted policy by the insurer under whose group policy the individual is covered, without evidence of

## DEPARTMENT OF INSURANCE

## NOTICE OF PROPOSED AMENDMENTS

insurability.

- 4) For the purposes of this Section, "converted policy" means an individual policy of traditional long-term care insurance providing benefits identical to or substantially equivalent to or in excess of those provided under the group policy from which conversion is made. Where the group policy from which conversion is made restricts the provision of benefits and services, or contains incentives to use certain providers and/or facilities, the Director, in making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity.

- 5) Written application for the converted policy shall be made and the first premium due, if any, shall be paid as directed by the insurer not later than thirty-one days after termination of coverage under the group policy. The converted policy shall be issued effective on the day following the termination of coverage under the group policy, and shall be guaranteed renewable.

- 6) Unless the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy from which conversion is made. Where the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy replaced.

- 7) Continuation of coverage or issuance of a converted policy shall be mandatory, except where:

- A) Termination of group coverage resulted from an individual's failure to make any required payment of premium or contribution when due; or
- B) The terminating coverage is replaced not later than thirty-one days after termination, by group coverage effective on the day following the termination of coverage:
- i) Providing benefits identical to or benefits equivalent in design and actuarially equivalent in value in excess of those provided by the terminating coverage; and
  - ii) The premium for which is calculated in a manner consistent with the requirements of subsection (d)(6) of this Section.

- 8) Notwithstanding any other provision of this Section, a converted policy issued to an individual who at the time of conversion is covered by another long-term care insurance policy which provides benefits on the basis of incurred expenses, may contain a



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provision which results in a reduction of benefits payable if the benefits provided under the additional coverage, together with the full benefits provided by the converted policy, would result in payment of more than 100 percent of incurred expenses. Such provision shall only be included in the converted policy if the converted policy also provides for a premium decrease or refund which reflects the reduction in benefits payable.

- 9) The converted policy may provide that the benefits payable under the converted policy, together with the benefits payable under the group policy from which conversion is made, shall not exceed those that would have been payable had the individual's coverage under the group policy remained in force and effect.

- 10) Notwithstanding any other provision of this Section, any insured individual whose eligibility for group traditional long-term care coverage is based upon his or her relationship to another person, shall be entitled to continuation of coverage under the group policy upon termination of the qualifying relationship by death or dissolution of marriage.

- 11) For the purposes of this Section: a "Managed-Care Plan" is a health care or assisted living arrangement designed to coordinate patient care or control costs through utilization review, case management or use of specific provider networks.

## e) Discontinuance and Replacement

If a group traditional long-term care policy is replaced by another group traditional long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:

- 1) Shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced; and
  - 2) Shall not vary or otherwise depend on the individual's health or disability status, claim experience or use of long-term care services.
- f) The premiums charged to an insured for long-term care insurance shall not increase due to either:
- 1) The increasing age of the insured at ages beyond sixty-five (65); or
  - 2) The duration the insured has been covered under the policy.
- g) No traditional long-term care insurance policy shall:
- 1) be cancelled, nonrenewed or otherwise terminated on grounds of the age or deterioration of the mental or physical health of the insured individual or certificateholder;
  - 2) contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same company, except with respect to an increase in benefits voluntarily selected by the insured

## DEPARTMENT OF INSURANCE

## NOTICE OF PROPOSED AMENDMENTS

individual or group policyholder;

- 3) provide coverage for skilled nursing care only or provide significantly more coverage for skilled care in a facility than coverage for lower levels of care.

## h) Electronic Enrollment for Group Policies

- 1) In the case of a group defined in Section 2012.30 of this Part, any requirement that a signature of an insured be obtained by an insurance producer or insurer shall be deemed satisfied if:

- A) The consent is obtained by telephonic or electronic enrollment by the group policyholder or insurer. A verification of enrollment information shall be provided to the enrollee;

- B) The telephonic or electronic enrollment provides necessary and reasonable safeguards to assure the accuracy, retention and prompt retrieval of records; and

- C) The telephonic or electronic enrollment provides necessary and reasonable safeguards to assure that the confidentiality of individually identifiable information and privileged information is maintained.

- 2) Upon request of the Director the insurer shall make available records that will demonstrate the insurer's ability to confirm enrollment and coverage amounts.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 2012.60 Required Disclosure Provisions

- a) Renewability. Individual traditional long-term care insurance policies shall contain a renewability provision. Such provision shall be captioned as a Renewal, shall appear on the first page of the policy, and shall clearly state the duration, where limited, of renewability and the duration of the term of coverage for which the policy is issued and of which it may be renewed. This provision shall not apply to policies which do not contain a renewability provision and under which the right to renew is reserved solely to the policyholder.
- b) Riders and Endorsements. Except for riders or endorsements by which the insurer effectuates a request made in writing by the insured under an individual traditional long-term care insurance policy, all riders or endorsements added to an individual traditional long-term care insurance policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the individual insured. After the date of policy issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term must be agreed to in writing signed by the insured, except if the increased benefits or coverage are required by law. Where a separate additional premium is charged for benefits provided in connection with



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riders or endorsements, such premium charge shall be set forth in the policy, rider or endorsement.

c) Payment of Benefits. A traditional long-term care insurance policy or certificate which provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import shall include a definition of such terms and an explanation of such terms in its accompanying outline of coverage.

d) Preexisting Conditions: If a traditional long-term care insurance policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy or certificate and shall be labeled "Preexisting Condition Limitations." Limitations to preexisting conditions shall be in accordance with Section 351A-5 of the Illinois Insurance Code (~~III-Rev-Stat-1991-ch-73-par-963A-5~~) [215 ILCS 5/351A-5].

e) Other Limitations or Conditions on Eligibility for Benefits. In addition to complying with Section 351A-6 of the Illinois Insurance Code, beginning August 30, 1990, a traditional long-term care insurance policy or certificate containing any limitations or conditions for eligibility other than those prohibited in Section 351A-6 shall set forth a description of such limitations or conditions, including any required number of days of confinement in a separate paragraph of the policy or certificate and shall label such paragraph "Limitations or Conditions on Eligibility for Benefits."

f) Disclosure Requirements for Accelerated Life Products

## 1) Policy Summary

At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy which provides traditional long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make such delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:

- A) an explanation of how the traditional long-term care benefit interacts with other components of the policy, including deductions from death benefits;
- B) an illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits if any, for each covered person;
- C) any exclusion, reductions and limitations on benefits of traditional long-term care; and
- D) if applicable to the policy type, the summary shall also include:
  - i) disclosure of the effects of exercising other rights under the policy;
  - ii) disclosure of guarantees related to traditional

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long-term care costs of insurance charges; and  
 iii) current and projected maximum lifetime benefits.

## 2) Benefit Reports

Any time a traditional long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. Such report shall include:

- A) any traditional long-term care benefits paid during the month;
- B) an explanation of any changes in the policy, including changes in death benefits or cash values, due to traditional long-term care benefits being paid out; and
- C) the amount of traditional long-term care benefits existing or remaining.

## 3) Outline of Coverage

The Outline of Coverage should include an example filled out in John Doe form which illustrates how the long-term care benefit is calculated. Refer to Section 2012.110 and Exhibit C for format and content requirements.

g) Benefit Triggers. Activities of daily living and cognitive impairment shall be used to measure an insured's need for long-term care and shall be described in the policy or certificate in a separate paragraph and shall be labeled "Eligibility for the Payment of Benefits". Any additional benefit triggers shall also be explained in this paragraph. If these triggers differ for different benefits, explanation of the trigger shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 2012.90 Requirements for Application Forms and Replacement Coverage

- a) Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy or certificate in force or whether a long-term care policy or certificate is intended to replace any other accident and sickness or long-term care policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and insurance producer agent, except where the coverage is sold without an insurance producer agent, containing such questions may be used. With regard to a replacement policy issued to a group defined by Section 2012.30 of this Part the following questions may be modified only to the extent necessary to elicit information about health or long-term care insurance policies other than the group policy being replaced;

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provided, however, that the certificateholder has been notified of the replacement.

- 1) Do you have another long-term care insurance policy or certificate in force (including health care service contract, health maintenance organization contract)?
- 2) Did you have another long-term care insurance policy or certificate in force during the last twelve (12) months?

A) If so, with which company?

B) If that policy lapsed, when did it lapse?

3) Are you covered by Medicaid?

- 4) Do you intend to replace any of your medical or health insurance coverage with this policy (certificate)?

b) Insurance producers agents shall list any other health insurance policies they have sold to the applicant.

- 1) List policies sold which are still in force.

- 2) List policies sold in the past five (5) years which are no longer in force.

c) Solicitations Other than Direct Response. Upon determining that a sale will involve replacement, an insurer, other than an insurer using direct response solicitation methods, or its insurance producer agent, shall furnish the applicant, prior to issuance or delivery of the individual traditional long-term care insurance policy, a notice regarding replacement of accident and sickness or long-term care coverage. One copy of such notice shall be retained by the applicant and an additional copy signed by the applicant shall be retained by the insurer. The required notice shall be provided as in the following manner set forth in Exhibit A of this Part.

d) Direct Response Solicitations. Insurers using direct response solicitation methods shall deliver a notice regarding replacement of accident and sickness or long-term care coverage to the applicant upon issuance of the policy. The required notice shall be provided as set forth in Exhibit B of this Part.

e) Where replacement is intended, the replacing insurer shall provide written notice to the existing insurer of the proposed replacement. The existing policy shall be identified by the insurer, name and policy number or address including zip code. Notice shall be made within five (5) working days from the date the application is received by the insurer or the date the policy issued, whichever is sooner.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 2012.100 Filing Requirement**

Prior to an insurer offering traditional group long-term care insurance to a resident of this State pursuant to Section 351A-2 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 963A-2) [215 ILCS 5/351A-2], it shall file with the Director evidence that the group policy or certificate thereunder

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has been approved by a state that has adopted the National Association of Insurance Commissioners' model legislation on Long-Term Care Insurance and attendant regulations, 120 West 12th Street, Suite 1100, Kansas City, Missouri 64105 (1996) (1999) (no subsequent dates or editions).

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 2012.123 Suitability**

a) This Section shall not apply to life insurance policies that accelerate benefits for traditional long-term care.

b) Every insurer, health care service plan or other entity marketing traditional long-term care insurance (the "issuer") shall:

- 1) Develop and use suitability standards to determine whether the purchase or replacement of long-term care insurance is appropriate for the needs of the applicant;

- 2) Train its insurance producers in the use of its suitability standards; and

- 3) Maintain a copy of its suitability standards and make them available for inspection upon request by the Director.

c) To determine whether the applicant meets the standards developed by the issuer:

- 1) The insurance producer and issuer shall develop procedures that take the following into consideration:

A) The ability to pay for the proposed coverage and other pertinent financial information related to the purchase of the coverage;

B) The applicant's goals or needs with respect to long-term care and the advantages and disadvantages of insurance to meet these goals or needs; and

C) The values, benefits and costs of the applicant's existing insurance, if any, when compared to the values, benefits and costs of the recommended purchase or replacement.

- 2) The issuer, and where an insurance producer is involved, the insurance producer shall make reasonable efforts to obtain the information referenced in subsection (c)(1) of this Section. The efforts shall include presentation to the applicant, at or prior to application, of the "Traditional Long-Term Care Insurance Personal Worksheet". The personal worksheet used by the issuer shall contain, at a minimum, the information in the format contained in Exhibit F of this Part, in not less than twelve (12) point type. The issuer may request the applicant to provide additional information to comply with its suitability standards. A copy of the issuer's personal worksheet shall be filed with the Director.

- 3) A completed personal worksheet shall be returned to the issuer prior to the issuer's consideration of the applicant for



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coverage, except the personal worksheet need not be returned for sales of employer traditional group long-term care insurance to employees and their spouses.

- 4) The sale or dissemination outside the company or agency by the issuer or insurance producer of information obtained through the personal worksheet in Exhibit F of this Part is prohibited.

- d) The issuer shall use the suitability standards it has developed pursuant to this Section in determining whether issuing traditional long-term care insurance coverage to an applicant is appropriate.

- e) Insurance producers shall use the suitability standards developed by the issuer in marketing traditional long-term care insurance.

- f) At the same time as the personal worksheet is provided to the applicant, the disclosure form entitled "Things You Should Know Before You Buy Traditional Long-Term Care Insurance" shall be provided. The form shall be in the format found in Exhibit G of this Part, in not less than twelve (12) point type.

- g) If the issuer determines that the applicant does not meet its financial suitability standards, or if the applicant has declined to provide the information, the issuer may reject the application. In the alternative, the issuer shall send the applicant a suitability letter similar to the one found in Exhibit H of this Part. However, if the applicant has declined to provide financial information, the issuer may use some other method to verify the applicant's intent. Either the applicant's returned letter or a record of the alternative method of verification shall be made part of the applicant's file.

- h) The issuer shall report annually to the Director the total number of applications received from residents of this State, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of those who chose to confirm after receiving a suitability letter.

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 2012.127 Requirement to Offer Nonforfeiture Benefit**

- a) No policy or certificate may be delivered or issued for delivery in this State unless the policy or certificate includes an offer at the time of issue for nonforfeiture benefits to the defaulting or lapsing policyholder or certificate holder. This Section does not apply to life insurance policies or riders containing accelerated long-term care benefits.

- 1) For purposes of this Section, attained age rating is defined as a schedule of premiums starting from the issue date which increases with increasing age at least one percent per year prior to age fifty (50), and at least three percent per year beyond age fifty (50).

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- 2) For purposes of this Section, the offered nonforfeiture benefit shall be a shortened benefit period providing paid-up traditional long-term care insurance coverage after lapse. The same benefits (amounts and frequency in effect at the time of lapse but not increased thereafter) will be payable for a qualifying claim, but the lifetime maximum dollars or days of benefits shall be determined as specified in subsection (b)(3) of this Section.

- 3) The standard nonforfeiture credit for an offered nonforfeiture benefit will be equal to 100 percent of the sum of all premiums paid, including the premiums paid prior to any changes in period options, as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than thirty (30) times the daily nursing home benefit at the time of lapse. In either event, the calculation of the nonforfeiture credit is subject to the limitation of subsection (c) of this Section.

- 4) No policy or certificate which includes a nonforfeiture benefit shall begin a nonforfeiture benefit later than the end of the third year following the policy or certificate issue date except that, for a policy or certificate with attained age rating, the nonforfeiture benefit shall begin on the earlier of:

- A) The end of the tenth year following the policy or certificate issue date; or  
B) The end of the second year following the date the policy or certificate is no longer subject to attained age rating.

- 5) Nonforfeiture credits may be used for all care and services qualifying for benefits under the terms of the policy or certificate, up to the limits specified in the policy or certificate.

- b) All benefits paid by the insurer while the policy or certificate is in premium paying status and in the paid up status will not exceed the maximum benefits which would have been payable if the policy or certificate had remained in premium paying status.

- c) There shall be no difference in the minimum nonforfeiture benefits which are offered under the requirements of this Section for group and individual policies.

- d) Except as provided in subsection (b)(2) of this Section, the requirements of this Section apply to any traditional long-term care policy issued in this State on or after the effective date of this Section. For certificates issued on or after the effective date of this Section, under a group traditional long-term care insurance policy as defined in Section 2012.30 of this Part, which policy was in force at the time this Section becomes effective, the provisions of this Section shall not apply.

- e) Premiums charged for a policy or certificate containing nonforfeiture benefits shall be subject to the loss ratio requirements of Section

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2012.110 of this Part treating the policy as a whole.

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

### Section 2012.128 Standards for Benefit Triggers

- a) A traditional long-term care insurance policy shall condition the payment of benefits on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. Eligibility for the payment of benefits shall not be more restrictive than requiring either a deficiency in the ability to perform not more than three (3) of the activities of daily living or the presence of cognitive impairment.
- b) Insurers may use activities of daily living to trigger covered benefits as long as they are defined in the policy. Activities of daily living shall include but not be limited to the following, as defined in Section 2012.40 of this Part and in the policy:
  - 1) Bathing;
  - 2) Continence;
  - 3) Dressing;
  - 4) Eating;
  - 5) Toileting; and
  - 6) Transferring.
- c) An insurer may use additional provisions for the determination of when benefits are payable under a policy or certificate; however, the provisions shall not restrict, and are not in lieu of, the requirements contained in subsections (a) and (b) of this Section.
- d) For purposes of this Section the determination of a deficiency shall not be more restrictive than:
  - 1) Requiring the hands-on assistance of another person to perform the prescribed activities of daily living; or
  - 2) If the deficiency is due to the presence of a cognitive impairment, supervision or verbal cueing by another person is needed in order to protect the insured or others.
- e) Assessments of activities of daily living and cognitive impairment shall be performed by licensed or certified professionals, such as physicians, nurses or social workers.
- f) Traditional long-term care insurance policies shall include a clear description of the process for appealing and resolving benefit determinations.
- g) The requirements set forth in this Section shall apply as follows:
  - 1) Except as provided in subsection (g)(2) of this Section, the provisions of this Section apply to a traditional long-term care policy issued in this State on or after the effective date of this amendment.
  - 2) For certificates issued on or after the effective date of this Section, under a traditional group long-term care insurance

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policy as defined in Section 2012.30 of this Part, that were in force at the time this amendment becomes effective, the provisions of this Section shall not apply.

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



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Section 2012.EXHIBIT A Replacement Notice for Other Than Direct Response Solicitations

NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL ACCIDENT AND SICKNESS OR LONG-TERM CARE INSURANCE

[Insurance Company Name and Address]

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to [your application] [information you have furnished], you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with an individual long-term care insurance policy to be issued by [Company Name] Insurance Company. Your new policy provides ten (10) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you have, and terminate our policy only if, after due consideration, you find that purchase of this traditional long-term care coverage is a wise decision.

STATEMENT TO APPLICANT BY AGENT [BROKER OR OTHER REPRESENTATIVE]: (Use additional sheets as necessary)

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
32. If you are replacing existing long-term care insurance coverage you may wish to secure the advice of your present insurer or its insurance producer **agent** regarding the proposed replacement of your

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present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

43. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

(Signature of Insurance Producer, Broker or Other Representative Agent)  
[Type Name and Address of Insurance Producer or Other Representative of Agent or Broker]

The above "Notice to Applicant" was delivered to me on:

(Date)

(Applicant's Signature)

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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application could cause an otherwise valid claim to be denied. Carefully check the application and write to [Company Name and Address] within thirty (30) days if any information is not correct and complete, or if any past medical history has been left out of the application.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, (Company Name) \_\_\_\_\_)

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Section 2012. EXHIBIT B Replacement Notice for Direct Response Solicitations  
NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS OR LONG-TERM CARE INSURANCE

[Insurance Company's Name and Address]

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to [your application] [information you have furnished], you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with the traditional long-term care insurance policy delivered herewith issued by [Company Name] Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this traditional long-term coverage is a wise decision.

1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.

2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probation periods. Your insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.

3. If you are replacing existing long-term care insurance coverage you may wish to secure the advice of your present insurer or its insurance producer agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

4. [To be included only if the application is attached to the policy.] If, after due consideration, you still wish to terminate you present policy and replace it with new coverage, read the copy of the application attached to your new policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the



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## Section 12.12 EXHIBIT C Standard Format Outline of Coverage

[COMPANY NAME]

[ADDRESS - CITY &amp; STATE]

[TELEPHONE NUMBER]

TRADITIONAL LONG-TERM CARE INSURANCEOUTLINE OF COVERAGE

[Policy Number or Group Master Policy and Certificate Number]

[Except for policies or certificates which are guaranteed issue, the following caution statement, or language substantially similar, must appear as follows in the outline of coverage.]

Caution: The issuance of this traditional long-term care insurance [policy] [certificate] is based upon your responses to the questions on your application. A copy of your [application] [enrollment form] [is enclosed] [was retained by you when you applied]. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If for any reason any of your answers are incorrect, contact the company at this address: [insert address]

1. This policy is [an individual policy of insurance] ([a group policy] which was issued in the [indicate jurisdiction in which group policy was issued]).

2. PURPOSE OF OUTLINE OF COVERAGE. This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy contains governing contractual provisions. This means that the policy or group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY (OR CERTIFICATE) CAREFULLY!

3. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED.

a) For traditional long-term care health insurance policies or certificates include one of the following permissible policy renewability provisions:

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1) Policies and certificates that are guaranteed renewable shall contain the following statement: RENEWABILITY: THIS POLICY [CERTIFICATE] IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy [certificate], to continue this policy as long as you pay your premiums on time. [Company Name] cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

2) Policies and certificates that are noncancellable shall contain the following statement: RENEWABILITY: THIS POLICY IS NONCANCELLABLE. This means that you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premiums on time. [Company Name] cannot change any of the terms of your policy on its own and cannot change the premium you currently pay. However, if your policy contains an inflation protection feature where you choose to increase your benefits, [Company Name] may increase your premium at that time for those additional benefits.

b) For group coverage, specifically include continuation/conversion provisions applicable to the certificate and group policy;

c) Include waiver of premium provisions or state that there are no such provisions;

d) State whether or not the company has a right to change premium, and if such right exists, include each circumstance under which premium may change.

4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED.

ta) [Provide a brief description of the right to return -- "free look" provision of the policy.]

tb) [Include a statement that the policy either does or does not contain provisions providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy or certificate. If the policy contains such provisions, include a description of them.]

5. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.

ta) [For insurance producers agents] Neither [insert company name]

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nor its insurance producers agents represent Medicare, the federal government or any state government.

- (b) [For direct response] [insert company name] is not representing Medicare, the federal government or any state government.

6. TRADITIONAL LONG-TERM CARE COVERAGE. Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

This policy provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to policy [limitations] [waiting periods] and [coinsurance] requirements. [Modify this paragraph if the policy is not an indemnity policy.]

7. BENEFITS PROVIDED BY THIS POLICY.

- (a) [Covered services, related deductible(s), waiting periods, elimination periods and benefit maximums.]

- (b) [Institutional benefits, by skill level.]

- (c) [Non-institutional benefits, by skill level.]

- d) Eligibility for Payment of Benefits.

[Activities of daily living and cognitive impairment shall be used to measure an insured's need for long-term care and must be defined and described as part of the outline of coverage.]

[Any additional benefit triggers screens must also be explained in this Section. If these benefit triggers screens differ for different benefits, explanation of the triggers screen should accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too must be specified.] ~~if--activities--of--daily--living--(ADLs)--are--used--to measure--an--insured's--need--or--long-term--care---then---these qualifying-criteria-or-screens-must-be-explained--~~

8. LIMITATIONS AND EXCLUSIONS.

[Describe:

- (a) Preexisting conditions;

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- (b) Non-eligible facilities/provider;

- (c) Non-eligible levels of care (e.g., unlicensed providers, care or treatment provided by a family member, etc.);

- (d) Exclusions/exceptions;

- (e) Limitations.]

[This section should provide a brief specific description of any policy provisions which limit, exclude, restrict, reduce, delay, or in any other manner operate to qualify payment of the benefits described in (6) above.]

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

9. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the cost of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. [As applicable, indicate the following:

- (a) That the benefit level will not increase over time;

- (b) Any automatic benefit adjustment provisions;

- (c) Whether the insured will be guaranteed the option to buy additional benefits and the basis upon which benefits will be increased over time if not by a specified amount or percentage;

- (d) If there is such a guarantee, include whether additional underwriting or health screening will be required, the frequency and amounts of the upgrade options, and any significant restrictions or limitations;

- (e) And finally, describe whether there will be any additional premium charge imposed, and how that is to be calculated.]

10. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

[State that the policy provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. Specifically describe each benefit screen or other policy provision which provides preconditions to the availability of policy benefits for such an insured.]

11. PREMIUM.



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- (4a) State the total annual premium for the policy;
- (4b) If the premium varies with an applicant's choice among benefit options, indicate the portion of annual premium which corresponds to each benefit option.]

12. ADDITIONAL FEATURES.

- (4a) Indicate if medical underwriting is used;
- (4b) Describe other important features.]
- (Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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Section 2012.EXHIBIT D Rescission Reporting Format

RESCISSIION REPORTING FORMS FOR  
TRADITIONAL LONG-TERM CARE POLICIES  
FOR THE STATE OF ILLINOIS  
FOR THE REPORTING YEAR 19[ ]

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Due: June 30 March-1 annually

Instructions:  
The purpose of this form is to report all rescissions of traditional long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission
---------------	----------------------	-----------------	-------------------------	--------------------------	--------------------

Detailed reason for rescission:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Section 2012. EXHIBIT F Traditional Long-Term Care Insurance Personal Worksheet

People buy traditional long-term care insurance for a variety of reasons. These reasons include to avoid spending assets for long-term care, to make sure there are choices regarding the type of care received, to protect family members from having to pay for care, or to decrease the chances of going on Medicaid. However, long-term care insurance can be expensive, and is not appropriate for everyone. State law requires the insurance company to ask you to complete this worksheet to help you and the insurance company determine whether you should buy this policy.

Premium

The premium for the coverage you are considering will be \$\_\_\_\_\_ per month, or \$\_\_\_\_\_ per year [a one-time single premium of \$\_\_\_\_\_].

[The company cannot raise your rates on this policy.] [The company has a right to increase premiums in the future.] The company has sold traditional long-term care insurance since [year], and has sold this policy since [year]. [The last rate increase for this policy in this state was in [year], when premiums went up by an average of %]. [The company has not raised its rates for this policy.]

The issuer shall use the bracketed sentence or sentences applicable to the product offered. If a company includes a statement regarding not having raised rates, it must disclose the company's rate increases under prior policies providing essentially similar coverage.

[ Have you considered whether you could afford to keep this policy if the premiums were raised, for example, by 20%?]

The issuer shall use the bracketed sentence unless the policy is fully paid up or is a noncancellable policy.

Income

Where will you get the money to pay each year's premiums?  
Income \_\_\_\_\_ Savings \_\_\_\_\_ Family members \_\_\_\_\_

What is your annual income? (check one)  
Under \$10,000 \_\_\_\_\_ \$10-20,000 \_\_\_\_\_ \$20-30,000]  
\$30-50,000] \_\_\_\_\_ Over \$50,000 \_\_\_\_\_

How do you expect your income to change over the next 10 years?  
(check one)  
No change \_\_\_\_\_ Increase \_\_\_\_\_ Decrease \_\_\_\_\_

If you will be paying premiums with money received only from your own income, a

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Signature

Name and Title (please type)

Date

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



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rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Savings and Investments

Not counting your home, what is the approximate value of all of your assets (savings and investments)? (check one)

Under \$20,000    \$20,000-\$30,000    \$30,000-\$50,000    Over \$50,000

How do you expect your assets to change over the next ten years?  
(check one)

Stay about the same    Increase    Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

The information provided    I choose not to complete  
above accurately describes my    this information.  
financial situation.

Signed:    (Applicant)    (Date)

[ I explained to the applicant the importance of completing this information.

Signed:    (Insurance Producer)    (Date)

Agent's Printed Name:    ]

[Note: In order for us to process your application, please return this signed statement to [name of company], along with your application.]

[My insurance producer has advised me that this policy does not appear to be suitable for me. However, I still want the company to consider my application.]

Signed:    (Applicant)    (Date)

Choose the appropriate sentences depending on whether this is a direct mail or insurance producer sale.

The company may contact you to verify your answers.

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When the Traditional Long-Term Care Insurance Personal Worksheet is furnished to employees and their spouses under employer group policies, the text from the heading "Disclosure Statement" to the end of the page may be removed.

(Source: Added at 21 Ill. Reg.    , effective    )

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Shopper's Guide	-	Make sure the insurance company or insurance producer gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for traditional long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.
Counseling	-	Free counseling and additional information about long-term care insurance is available through your State's insurance counseling program. Contact your State insurance department or Department on Aging for more information about the senior health insurance counseling program in your State.

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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Section 2012. EXHIBIT G Things You Should Know Before You Buy Traditional Long-Term Care Insurance

- Traditional Long-Term Care Insurance  
A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
  - [You should not buy this insurance policy unless you can afford to pay the premiums every year.] [Remember that the company can increase premiums in the future.]
- For single premium policies, delete this bullet; for noncancellable policies, delete the second sentence only.
- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.
  - Medicare does not pay for most long-term care.
  - Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.
  - Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
  - When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
  - Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or State Medicaid agency.



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**Section 2012.EXHIBIT B Long-Term Care Insurance Suitability Letter**

Dear [Applicant]:

Your recent application for long-term care insurance included a "personal worksheet", which asked questions about your finances and your reasons for buying long-term care insurance. For your protection, State law requires us to consider this information when we review your application, to avoid selling a policy to those who may not need coverage.

[Your answers indicate that long-term care insurance may not meet your financial needs. We suggest that you review the information provided along with your application, including the booklet "Shopper's Guide to Long-Term Care Insurance" and the page titled "Things You Should Know Before Buying Long-Term Care Insurance." Your State insurance department also has information about long-term care insurance and may be able to refer you to a counselor free of charge who can help you decide whether to buy this policy.]

[You chose not to provide any financial information for us to review.]

We have suspended our final review of your application. If, after careful consideration, you still believe this policy is what you want, check the appropriate box below and return this letter to us within the next 60 days. We will then continue reviewing your application and issue a policy if you meet our medical standards.

If we do not hear from you within the next 60 days, we will close your file and not issue you a policy. You should understand that you will not have any coverage until we hear back from you, approve your application and issue you a policy.

Please check one box and return in the enclosed envelope.

Yes, [although my worksheet indicates that long-term care insurance may not be a suitable purchase,] I wish to purchase this coverage. Please resume review of my application.

Delete the phrase in brackets if the applicant did not answer the questions about income.

No. I have decided not to buy a policy at this time.

APPLICANT'S SIGNATURE

DATE

Please return to [issuer] at [address] by [date].

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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1) Heading of the Part: Head and Spinal Cord Injury Code

2) Code Citation: 77 Ill. Adm. Code 550

3) Section Numbers: Proposed Action:

550.100 Amendments

550.110 Amendments

550.120 Amendments

550.130 Amendments

Appendix A New Section

Appendix B New Section

Exhibit A New Section

4) Statutory Authority: Head and Spinal Cord Injury Act [410 ILCS 515]

5) A Complete Description of the Subjects and Issues Involved: The rules in Part 550 implement the Head and Spinal Cord Injury Act, which requires the Department to establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of head and spinal cord injured persons in this State. Since the rules were adopted in 1991, the Department has become aware that small community hospitals are not able to provide much of the desirable data. The revised rules set forth a core set of data elements that will provide a statistical framework but will not be burdensome on the reporting facility. Definitions and incorporated materials have been updated. The paper reporting format and the research agreement have been included in the rules.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of this notice in the *Illinois Register*.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain Any Incorporations By Reference? Yes

9) Are there any other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning

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these rules by writing within 45 days after this issue of the *Illinois Register* to:

Ms. Gail M. DeVito

Division of Legal Services

Illinois Department of Public Health

535 West Jefferson, Fifth Floor

Springfield, Illinois 62761

217/782-2043

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Hospitals

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: Reporting procedures are set forth in the proposed amendments. The data requirements are being amended to make compliance easier for small community hospitals.

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1997

The full text of the Proposed Amendments begins on the next page:



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## TITLE 77: PUBLIC HEALTH

## CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

## SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

## PART 550

## HEAD AND SPINAL CORD INJURY CODE

## Section

550.100 Definitions

550.110 Incorporated Materials

550.120 Reporting Requirements

550.130 Confidentiality

## APPENDIX A

## APPENDIX B

## EXHIBIT A Data Agreement

**AUTHORITY:** Implementing the Head and Spinal Cord Injury Act [410 ILCS 515] and authorized by Section 55.39 of the Civil Administrative Code of Illinois [210 ILCS 2310/55.39].

**SOURCE:** Adopted at 15 Ill. Reg. 1068, effective January 15, 1991; amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 550.100 Definitions

The definitions listed in this Section apply to this Part.

"Act" means the Head and Spinal Cord Injury Act [410 ILCS 515] <sup>Am-ACP</sup> ~~in relation to certain injuries~~ <sup>(Ill. Rev. Stat. 1989, ch. 111-1/2, par. 7051-et-seq.)</sup>.

"Council" means the Advisory Council on Spinal Cord and Head Injuries, created within the Department of Rehabilitation Services pursuant to Section 6 of the Act. (Section 1 of the Act)

"Department" means the Department of Public Health. (Section 1 of the Act)

"Head Injury" means a sudden insult or damage to the brain or its coverings, not of a degenerative nature, which produces an altered state of consciousness or temporarily or permanently impairs mental, cognitive, behavioral or physical functioning. Cerebral vascular accidents, aneurysms and congenital deficits are excluded from this definition. (Section 1 of the Act)

"Hospital" has the meaning ascribed to that term in the Hospital Licensing Act [210 ILCS 85] <sup>(Ill. Rev. Stat. 1989, ch. 111-1/2, par. 142-et-seq.)</sup>.

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"Spinal Cord Injury" means an injury that occurs as a result of trauma, which involves spinal vertebral fracture, or where the injured person suffers any of the following effects: 7 effects on the sensory system including numbness, tingling or loss of sensation in the body or in one or more extremities; effects on the motor system including weakness or paralysis in one or more extremities; or effects on the visceral system including bowel or bladder dysfunction or hypotension. (Section 1 of the Act)

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 550.110 Incorporated Materials

~~The following are standards incorporated or referenced in this Part:~~  
a) The following standards are incorporated in this Part: ~~Codes--and Standards~~

- 1) Glasgow Coma Scale  
Champion HR, Sacco WJ, Camazzo AJ et al.;  
CritCare Med 9(9):672-6767 (1981)  
~~(See 77 Ill. Adm. Code 540-90)~~
- 2) Revised Trauma Score  
American College of Surgeons  
55-East-Brte-St.  
Chicago-Illinois-60611  
~~(See 77 Ill. Adm. Code 540-90)~~
- 3) Abbreviated Injury Scale (1985)  
American Association of Automotive Medicine  
Arlington Heights, Illinois-60005
- 4) Injury Severity Scale  
Baker SP, O'Neil B, Hadon W, et al;  
Journal of Trauma-1974;-14:107-196  
~~2)5) International Classification of Diseases, 9th the~~  
Revision, Clinical Modification (ICD-9-CM)  
Alphabetic Index to External Causes of Injury  
(E-Codes) Second Printing (1980)  
Commission on Professional and Hospital Activities  
World Health Organization, Geneva Switzerland and  
National Center for Health Statistics  
Published by Edward Brothers, Inc.  
1968 Green Road  
Ann Arbor, Michigan 48105

b) All incorporations by reference of the standards of nationally recognized organizations refer to the standard on the date specified and do not include any additions or deletions subsequent to the date specified.

c) The following statutes are referenced in this Part: ~~State of Illinois Statutes~~

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- 1) Hospital Licensing Act [210 ILCS 85] (Ill.-Rev.-Stat.-1989-CH-III-1/27-PARS-142-ET-SEQ);
  - 2) Head and Spinal Cord Injury Act [410 ILCS 515] (AN-ACW-IN-RETATION-TO-CERTAIN-INJURIES) (Ill.-Rev.-Stat.-1989-CH-III-1/27-PARS-7851-ET-SEQ).
- c) All incorporations by reference of the standards of nationally recognized organizations refer to the standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 550.120 Reporting Requirements

- a) The Department shall establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of head and spinal cord injured persons in this State. (Section 2 of the Act)
- b) Each hospital with an emergency department must report the information specified in subsection (c) of this Section using either: the Department-provided trauma-registry software; hospitals which can show hardship as represented by a lack of the required computer equipment in the hospital may report on forms provided by the Department; each hospital should have available for use a Microsoft-Basic-Operating System--(MS-DOS); IBM-compatible microcomputer with a hard-disk (minimum capacity of 10-megabytes); and a 2400-Baud-Hayes-compatible modem. The Department shall provide trauma-registry software for use by the facility; this software should be used for collection of data on head and spinal cord injuries.
- 1) a computerized software supplied by the Department. The facility must supply a 486 microprocessor, 32 megabytes of Random Access Memory (RAM), adequate hard drive disk space to accommodate the hospital's data files and needs, at least a 14.4 kilobytes per second (kbs) modem, color monitor, printer and back-up capabilities; or
- 2) a paper form for each reportable case. The master format will be provided by the Department and will be reproduced by the reporting facility. (See Appendix A.)
- c) All hospitals with emergency departments, shall provide the following information quarterly on each patient diagnosed as a head or spinal cord injured patient who that is admitted to the hospital or arrives at the emergency department and dies before admission to the hospital:
  - 1) Hospital Name;
  - 2) Hospital Code Number;
  - 3) Pre-Hospital Number;
  - 4) Crash Number;
  - 5) Medical Record Number;

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- 6) Arrival Date;
  - 7) Birthdate;
  - 8) Age in Years;
  - 9) Sex;
  - 10) Race;
  - 11) Injury Date;
  - 12) Federal Information Processing Standard (FIPS) Scene;
  - 13) Scene Address;
  - 14) FIPS Home;
  - 15) Home City;
  - 16) E-Code 849 (Place of Injury);
  - 17) E-Code (External Cause of Injury);
  - 18) Work Related;
  - 19) Safety Equipment;
  - 20) Alcohol;
  - 21) Drugs;
  - 22) Glasgow Score Total (Emergency Department);
  - 23) Systolic Blood Pressure (Emergency Department);
  - 24) Respiratory Rate (Emergency Department);
  - 25) Respiratory Status (Emergency Department);
  - 26) Disposition (Emergency Department);
  - 27) Nature of Injury Code (ICD-9-CM);
  - 28) Discharge Disposition;
  - 29) Facility Out (facility to which the patient was transferred);
  - 30) Hospital Days;
  - 31) Expression (ability to speak);
  - 32) Feeding (ability to feed self);
  - 33) Locomotion (ability to move about);
  - 34) Rehabilitation Potential;
  - 35) Billed Charges (Hospital charges only); and
  - 36) Primary Payment Source.
- 17 Patient-name;
- 27 Date-of-birth;
- 37 Sex;
- 47 Race;
- 57 Social-Security-Number;
- 67 Home-Zip-Code;
- 77 Location-of-geographical-sites-where-injury-occurred;
- 87 Type-of-site-where-injury-occurred--(ie:--home--school--road--etc.);
- 97 Mechanism-of-injury--(international--classification--of-Disease--(ICD-9-B-codes--4-digits);
- 107 Initial-Trauma-Triage-score--(such-as-the-Glasgow-Coma-Scale--or-the-trauma-score-may-be-utilized);
- 117 6-digit-ambulance-license-number-of-transporting-vehicle;
- 127 Pre-hospital-treatment;
- 137 Trauma-triage-score-upon-arrival-at-hospital;
- 147 Treatment-prior-to-surgery;



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- 15† times-of-  
 A† injury†  
 B† start-of-pre-hospital-treatment†  
 C† arrival-in-emergency-department†-and  
 B† start-of-surgery†  
 16† trauma-score-prior-to-transfer†  
 17† Method-and-reason-for-transfer†  
 18† trauma-score-upon-arrival-at-the-next-level-of-care†  
 19† treatment-prior-to-surgery†transfer†  
 20† Surgical-procedures†  
 21† Complications†  
 22† Abbreviated--injury--score--for--each--injury--(abbreviated-injury  
 of-the-American-Association-of-Automotive-Medicine)†  
 23† Injury-Severity-Score--(range-from-1-to-75)†(1-S-7)†  
 24† total-hospital-stay--(subdivided-into-intensive-care--unit--(ICU)†  
 and-non-ICU)†  
 25† Patient-outcome†  
 26† ICD-9-N-Code-for-nature-of-illness†  
 27† Method-of-payment-used-by-patient†  
 28† total-charges-for-care-provided†  
 29† total-unreimbursed-care-provided†  
 30† Date-of-initial-injury†-and  
 31† Date--injury-was-identified-or-diagnosed-by-health-care-provider--  
 (See-subsection-(d)†  
 d) Reports-of-head-and-spinal-cord-injuries--shall--be--filed--with--the  
 Department--by-a-hospital-administrator-or-his-designee-within-30-days  
 of-identification (Section-2-of-the-Act)†--these-reports--shall--consist  
 of-the-number-of-reportable-cases--The-reporting-information--required  
 by--subsection--(c)†--shall--be--reported--quarterly--Reportable head and  
 spinal cord injuries include the following ICD-9-CM Codes:  
 1) 800 Fracture of vault of skull;  
 2) 801 Fracture of base of skull;  
 3) 802 Fracture of face bones except nasal bones;  
 4) 803 Other and unqualified skull fractures;  
 5) 804 Multiple fractures involving skull or face with other  
 bones;  
 6) 805 Fracture of vertebral column without mention of spinal cord  
 lesion;  
 7) 806 Fracture of vertebral column with spinal cord lesion;  
 8) 839 Other, multiple and ill-defined dislocations;  
 9) 850 Concussions;  
 10) 851 Cerebral laceration and contusion;  
 11) 852 Subarachnoid, subdural and extradural hemorrhage, following  
 injury;  
 12) 853 Other and unspecified intracranial hemorrhage following  
 injury;  
 13) 854 Intracranial injury of other and unspecified nature;  
 14† 99† Late-effects-of-injuries-to-the-nervous-system†

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- 1415)925 Crushing injury of face, scalp, and neck;  
 1516)926 Crushing injury of trunk;  
 1617)950 Injury to optic nerve and pathways;  
 1718)951 Injury to other cranial nerves;  
 1819)952 Spinal cord lesion without evidence of spinal bone  
 injury; and  
 1920)953 Injury to nerve roots and spinal plexus,†-and  
 21† 959 injury,†-other-and-unspecified-  
 e) Reporting deadlines are as follows:  

Patient Discharge	Report Due Date
January - March	June 30
April - June	September 30
July - September	December 31
October - December	March 31

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 550.130 Confidentiality

- a) All reports and records made pursuant to the Act and maintained by the Department and other appropriate persons, officials and institutions pursuant to the Act shall be confidential. Information shall not be made available to any individual or institution except to:  
 1) Appropriate staff of the Department;  
 2) Any person engaged in a bona fide research project, with the permission of the Director of Public Health, except that no information identifying the subjects of the reports or the reporters shall be made available to researchers unless the Department requests and receives consent for such release pursuant to the provisions of this Section; and  
 3) The council, except that no information identifying the subjects of the reports or the reporters shall be made available to the council unless consent for release is requested and received pursuant to the provisions of this Section. Only information pertaining to head and spinal cord injuries as defined in Section 1 of the Act shall be released to the council. (Section 3 of the Act)  
 b) The Department shall not reveal the identity of a patient, physician or hospital, except that the identity of the patient may be released upon written consent of the patient, parent (in the case of a minor patient) or guardian, the identity of the physician may be released upon written consent of the physician; and the identity of the hospital may be released upon written consent of the hospital. (Section 3 of the Act)  
 c) The Department shall request consent for release from a patient, a physician or hospital only upon a showing by the applicant for such release that obtaining the identities of certain patients, physicians

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- or hospitals is necessary for his bona fide research directly related to the objectives of the Act. (Section 3 of the Act)
- d) The Department shall at least annually compile a report of the Data accumulated through the reporting system established under Section 2 of the Act and shall submit such data relating to spinal cord and head injuries in accordance with confidentiality restrictions established pursuant to the Act to the council. (Section 3 of the Act)
- e) Availability-of-Registry-information 1) All requests by medical or epidemiologic researchers for confidential Registry data must be submitted in writing to the Registry. The request must include a study protocol that which contains: objectives of the research; rationale for the research including scientific literature justifying the current proposal; overall study methods, including copies of forms, questionnaires, and consent forms used to contact facilities, physicians or study subjects; including--methods--for--documenting compliance-with-42-CPR-247-pars--4-a-37-6-a-b7-7-a-b17 methods for the processing of data; storage and security measures taken to ensure confidentiality of patient and facility identifying information; time frame of the study; a description of the funding source of the study (e.g., federal contract); the curriculum vitae of the principal investigator and a list of collaborators. In addition, the research request must specify what patient or facility identifying information is needed and how the information will be used.
- f) 1) All requests to conduct research and modifications to approved research proposals involving the use of data that which includes patient or facility identifying information shall be subject at a review to determine compliance with the following conditions:
- 1) A) The request for patient or facility identifying information contains stated goals or objectives.
- 2) B) The request documents the feasibility of the study design in achieving the stated goals and objectives.
- 3) C) The request documents the need for the requested data to achieve the stated goals and objectives.
- 4) B) The requested data can be provided within the timeframe set forth in the request.
- 5) B) The request documents that the researcher has qualifications relevant to the type of research being conducted.
- 6) F) The research will not duplicate other research already underway using the same registry data when both require the contact of a patient, reporting facility or physician about an individual patient involved in the previously approved concurrent research.
- 7) G) Other such conditions relevant to the need for the patient or facility identifying information and the patient's confidentiality rights because the Department will only release the patient, physician in accordance with the provisions of this Section, or facility identifying information that which is necessary for the research.
- g) Research-Agreements:

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- g) A) The Department will enter into a Research Agreement research contracts for all approved research requests. (See Appendix A.) These contracts shall specify exactly what information is being released and how it can be used in accordance with the standards in subsection (c) above. In addition, the researcher shall include an assurance that: use-of-data-is-restricted-to-the-specifications-of-the-protocol;
- i) any-and-all-data-which-may-lead-to-the-identity-of-any-patient--research-subject--physician--other-person--or-hospital-is-strictly-privileged-and--confidential--and-agrees--to-keep-all-such-data-strictly-confidential-at-all-times;
- iii) all-officers--agents-and-employees-will-keep-all--such-data--strictly-confidential--will-communicate--the-requirements-of-this-Section-to-all-officers--agents--and-employees--will-discipline--all-persons-who-may-violate-the-requirements-of--this--Section--and--will-notify--the--Department--in-writing-within-forty-eight--(48)--hours-of-any-violation-of-this-Section--including--full--details-of-the-violation-and--corrective--actions--to-be-taken;
- iv) all--data--provided-by-the-Department-pursuant-to-this-contract-may-only-be-used-for-the-purposes--named--in--this--contract-and-that-any-other-or-additional-use-of-the-data-may-result-in-immediate-termination--of--this-contract-by-the-Department;
- v) all--data--provided-by-the-Department-pursuant-to-this-contract-is-the-sole-property-of--the--Department--and-may-not-be-copied-or-reproduced-in-any-form-or-manner-and-agrees-to-return--all--data--and--all--copies--and-reproduction--of--the--data--to--the--Department--upon-termination-of-this-contract.
- B) Any-departures-from-the-approved-protocol-must-be-submitted-in-writing-and-approved-by-the-Director-in--accordance--with-subsection--(c)(2)--above-prior-to-initiation--No-patient-or-facility-identifying--information-may--be--released--by--a-researcher--to-a-third-party.
- 4) The-Department-shall--disclose--individual--patient--or--facility-information--to-the-reporting-facility--which-originally-supplied-that-information-to-the-Department-upon-written-request--of--the-facility.
- f) the-patient--identifying--information--submitted-to-the-Department-by-those-entities-required-to-submit-information-under-the-Act--and--this-Part-is-to-be-used-in-the-course-of-medical-study-under-the-Part-21-of-Article--8-of-the-Code-of-Civil-Procedure--therefore--this-information-is-privileged-from-disclosure-by-the-Part-21-of-Article-8-of-the-Code-of-Civil-Procedure.
- g) The-identity of--any--facility--or any-group-of-facts-which-tends-to



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- lead-to-the-identity-of-any-person-whose-condition-or-treatment-is submitted-to-the-Department-shall-not-be-open-to-public-inspection-or dissemination. Such information shall not be available for disclosure by inspection or copying under the Freedom of Information Act or the State Records Act. All information for specific research purposes may be released in accordance with procedures established by the Department in this Section. (Section 4(d) of the Act)*
- h) Every hospital shall provide representatives of the Department with access to information from all medical, pathological, and other pertinent records and logs related to reportable registry information. *the mode of access and the time during which this access will be provided shall be by mutual agreement between the hospital and the Department.* The Department shall not require hospitals to provide information on cases that which are dated more than two years before the Department's request for further information.
- i) Every hospital shall provide access to information regarding specified patients or other patients specified for research studies, related to reportable registry information, conducted by the Department. Any disputes as to access shall be resolved by the hospital and the Department within 30 days after requests for access have been denied. *No individual or organization providing information to the Department in accordance with the Act shall be held liable in a civil or criminal action for divulging confidential information unless such individual organization acted in bad faith or with malicious purpose. (Section 4 of the Act)*

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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Section 550.APPENDIX A Head and Spinal Cord Injury Reporting/Violent Injury Reporting

PART 1

Hospital Name	code
Prehospital Number	NA Unk
Crash Number	NA Unk
Med. Record Number	NA Unk
Patient Name	last first initial
ED Arrival Date	__ __ (mo/dd/yy)
Birthdate	__ __ (mo/dd/yy)
Age in years	__ __ (0 = <1 yr) Fetus
Sex	Unk F M
Race*	Unk 1 White 2 Black 3 Whisp 4 BHisp 5 AmerI 6 Paci 7 Asian 8 Other
Injury Date	Unk __ __ (mo/dd/yy)
FIPS Scene	Unk __ __
Scene Address	Unk
FIPS Home	Unk
Home City	Unk
E-Code 849	NA Unk E __ __
E-Code	Unk E __ __
Work Related	Unk Y N
Safety Equipment*	NA Unk 1 None 2 Belt/Harness 3 Bag/Belt 4 Bag Only 5 Child Seat 6 Helmet 7 ProClothes 8 Other

\* See Instruction Book for table detail

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PART 2Alcohol

NA

Unk

.

/

/

Drugs\*

NA

Unk

N Y Amph Barb Benz  
Coc Meth Opiate PCPGlasgow Total

NA

Unk

/

/

Systolic BP

NA

Unk

/

/

Resp. Rate

NA

Unk

/

/

Resp. Rate Status

NA

Unk

1 Vent. 2 Intub. 3 Both

Disposition

NA

1 Home\*\* 2 AMA 3 Obser 4 Floor  
5 SDown 6 ICU 7 OR 8 Txf 9 DeathNCode 1

NA

/

/

/

NCode 2

NA

/

/

/

NCode 3

NA

/

/

/

NCode 4

NA

/

/

/

NCode 5

NA

/

/

/

Discharge Disp\*1 Home\*\* 2 AMA 3 ACareF  
4 InptRehab 5 SkCare 6 ResFac  
7 ExpiredFacility Out\*\*\*

NA

/

/

/

Hospital Days\*\*\*

NA

/ / (000 - &lt;1 day)

Expression\*\*\*

NA

1DTH 2DPH 3ID 4I \*

Feeding\*\*\*

NA

1DTH 2DPH 3ID 4I \*

Locomotion\*\*\*

NA

1DTH 2DPH 3ID 4I \*

Rehab Potential\*\*\*

NA

1 Poor 2 Fair 3 Good

Billed Charges

Unk

\$ / / / / /

Primary Payment Source

Unk

(Use Code A - J or V\*)

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\* See Instruction Book for table detail

\*\* Not applicable to Head and Spinal Cord Reporting

\*\*\* For Violent Injury Reporting will only be included if the patient had an in-patient stay

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



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Section 550.APPENDIX B Research Agreement

STATE OF ILLINOIS Interagency Agreement between the Illinois Department of Public Health (IDPH) and (Researcher) for use of Illinois (Name of) data.

Whereas, it is of benefit to (Researcher) and the Illinois Department of Public Health for IDPH to provide data extracted from the IDPH (Name of) data and whereas the data are necessary for (Researcher) and IDPH to conduct a joint research project;

A. IDPH will provide (Researcher) selected data from the (Name of) data as outlined in Exhibit A, attached hereto and fully incorporated herein.

B. IDPH will provide data to (Name of) data in a mutually agreed media format as specified in Exhibit A. Such access will allow (Researcher) to manipulate the database in its own facility, provided confidentiality measures are taken and security passwords are used to access the data. (Researcher) will notify IDPH in writing within 48 hours of any violation of confidentiality, including full details of the violation and corrective actions to be taken.

C. Participants in the project are identified in Exhibit A.

D. (Researcher) recognizes data are confidential and may not be further released except as authorized by IDPH. All data provided pursuant to this Interagency Agreement may be used only for the purposes named in this agreement. Any other or additional use may be made only with prior written approval of IDPH.

E. (Researcher) shall allow IDPH to make security inspections of data provided to (Researcher) as are reasonably required to ensure that this agreement is properly enforced and that the information obtained is only that necessary for the proper delivery of services and maintenance of required records.

F. In any publications and presentations based upon data provided pursuant to this agreement, (Researcher) shall state:

1. That IDPH was the source of the data; and
2. That conclusions, opinions and recommendations are not necessarily the conclusions, opinions and recommendations of IDPH. Additionally, (Researcher) shall provide to IDPH one copy of all such publications.

G. IDPH and (Researcher) understand and agree that activities undertaken pursuant to this agreement are conducted pursuant to Part 21, Code of Civil Procedure (735 ILCS 5/8-2101), commonly known as the Medical Studies Act.

H. This agreement shall be governed in all respects by the laws of the State of Illinois. In the event this agreement becomes illegal, it shall be terminated immediately. However, should any portion or portions of this agreement be found to be illegal, the said portion or portions of this agreement shall not be construed

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to render the entire agreement void, but shall be severed from the agreement upon such finding.

I. This agreement becomes effective upon being signed by (Researcher) and the Director of IDPH; it may be terminated by either agency upon written notice to the other 30 days in advance of such termination.

Director					Date
Illinois Department of Public Health					
(Researcher)					
(Source: Added	at	21	Ill.	Reg.	effective

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1) Heading of the Part: Hospice Programs

2) Code Citation: 77 Ill. Adm. Code 280

3) Section Numbers: Proposed Action:

280.101 Repealer  
280.201 Repealer  
280.202 Repealer  
280.203 Repealer  
280.204 Repealer  
280.205 Repealer  
280.206 Repealer  
280.207 Repealer  
280.301 Repealer  
280.302 Repealer  
280.303 Repealer  
280.401 Repealer  
280.402 Repealer  
280.403 Repealer  
280.404 Repealer  
280.405 Repealer  
280.406 Repealer  
280.407 Repealer  
280.501 Repealer  
280.502 Repealer  
280.503 Repealer  
280.601 Repealer  
280.602 Repealer  
280.603 Repealer  
280.604 Repealer  
280.605 Repealer  
280.701 Repealer  
280.801 Repealer  
280.802 Repealer  
280.901 Repealer

4) Statutory Authority: Hospice Program Licensing Act [210 ILCS 60]

5) A Complete Description of the Subjects and Issues Involved: These rules are being repealed because the Department is adopting new rules governing hospice programs, which will be published with this Repealer.

The economic effect of this rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after the publication of the Notice in the *Illinois*

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Section 550.EXHIBIT A Data Agreement

Title of Project

Proposed Use of Data

Time Frame and Case Selection

Data Elements

Participants

Media Format

(Source: Added at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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Register.

- 6) Will this rulemaking replace any emergency rulemaking currently in effect?  
No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain incorporations by reference? No
- 9) Are there any other proposed rulemakings pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the *Illinois Register* to:

Ms. Gail M. DeVito  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, IL 62761  
(217) 782-2043

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status, as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Hospice programs

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1997

The full text of the Proposed Repealer begins on the next page:

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED REPEALER  
  
TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES

PART 280  
HOSPICE PROGRAMS (REPEALED)

SUBPART A: DEFINITIONS

Section 280.101	Definitions
Section 280.201	Programs Subject to Licensure
280.202	Licensure Procedures
280.203	License Not Transferable
280.204	License Fees
280.205	Inspections or Investigations
280.206	Information to be Reported to the Department
280.207	Research or Experimental Programs
Section 280.301	Facilities Owned by Corporations
280.302	Sole Proprietor/Partnerships
280.303	Administrator

Section 280.401	General
280.402	Personnel Policies
280.403	Hospice Programs
280.404	Volunteer Services
280.405	Hospice Service Plan
280.406	Patient Rights
280.407	Clinical Records

SUBPART C: ADMINISTRATION

Section 280.301	Facilities Owned by Corporations
280.302	Sole Proprietor/Partnerships
280.303	Administrator

SUBPART D: POLICIES AND PROCEDURES

Section 280.401	General
280.402	Personnel Policies
280.403	Hospice Programs
280.404	Volunteer Services
280.405	Hospice Service Plan
280.406	Patient Rights
280.407	Clinical Records

SUBPART E: PHYSICIAN SERVICES/MEDICAL DIRECTION

Section 280.501	Physician Services
280.502	Medical Director
280.503	Medical Advisor



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Hospice Patient  
Hospice Patient's Family  
Hospice Services  
Palliative Care  
Terminally Ill  
Volunteer Hospice

b) As used in this Part, the terms defined herein have the meanings ascribed to them in this Section:

"Act" means the Hospice Program Licensing Act [210 ILCS 60].

"Counselor" means:

a person who has earned at a minimum a bachelor's degree in counseling, psychology, or social work from an accredited college or university and who has one year of counseling experience in a health care setting; or  
a religious professional (clergy, religious or theologically trained lay person) who has a combination of documented formal training in pastoral counseling and supervised counseling experience in a health care or clinical setting.  
The total of academic and supervised work experience must equal at least five years. Any person employed as a "Counselor" in an Illinois Licensed Hospice Program prior to September 1, 1985 may continue to serve in that capacity at that agency only, even though he or she may not meet the qualifications for "Counselor" as set forth in this Part.

"Hospice Aide" means a person who provides assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence, or who is incapable of managing his person whether or not a guardian has been appointed for such individual. Hospice aides must meet the requirements for Home Health Aides in 77 Ill. Adm. Code 245.70 and 245.72 or Nursing Assistants in 77 Ill. Adm. Code 300.660 or 300.661.

"Hospice Service Plan" means a plan detailing the specific hospice services offered by a full or volunteer hospice, and the administrative and direct care personnel responsible for those services. The plan shall include but not be limited to those items specified in Section 280.405 of this Part. (Section 3(j) of the Act)

"Nurse" means a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65].

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SUBPART F: HOSPICE PROGRAM CARE STANDARDS

Section  
280.601 General  
280.602 Admissions and Discharges  
280.603 The Hospice Care Team  
280.604 The Patient Care Plan  
280.605 Hospice Services

SUBPART G: QUALITY ASSURANCE

Section  
280.701 Quality Assurance Plan/Utilization Review

SUBPART H: INPATIENT SERVICES

Section  
280.801 Inpatient Care Facilities  
280.802 Inpatient Care Contracts

SUBPART I: HEARINGS

Section  
280.901 Hearings

AUTHORITY: Implementing and authorized by the Hospice Program Licensing Act [210 ILCS 60].

SOURCE: Emergency rules adopted at 9 Ill. Reg. 7206, effective May 6, 1985, for a maximum of 150 days; adopted at 9 Ill. Reg. 15521, effective October 3, 1985; emergency amendment at 20 Ill. Reg. 467, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10003, effective July 15, 1996; repealed at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: DEFINITIONS

Section 280.101 Definitions

a) The following terms used in this Part shall have the meanings ascribed to them in Section 3 of the Hospice Program Licensing Act [210 ILCS 60/3]:

Bereavement  
Department  
Director  
Full Hospice  
Hospice Care Team (also known as "Hospice Interdisciplinary Team")

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"Patient's representative" means a person other than the owner, or an agent or employee of a hospice program or inpatient facility not related to the patient, designated in writing by a patient to be his/her representative, or the patient's guardian, or the parent of a minor patient for whom no guardian has been appointed.

"Physician" means any person licensed by the State of Illinois to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

"Research or Experimental Programs" means use of patients receiving services in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, and understanding of an illness. This involves all behavioral and medical experimental research that involves human beings as experimental subjects.

"Significant others" means family, friends and associates who provide physical, emotional, spiritual or financial support to the patient.

"Social Worker" means a person who has a baccalaureate or master's degree from a school of social work which was accredited by the Council on Social Work Education at the time of his/her graduation; is currently registered or certified as a Social Worker in the State of Illinois; and has one year of social work experience in a health care setting.

"Staff" means paid employees of a hospice, individuals working under contractual agreements, and volunteers.

"Volunteer" means a person who offers his or her services to a hospice without compensation. Reimbursement for a volunteer's expenses in providing hospice service shall not be considered compensation. (Section 3(1) of the Act) To be considered a "volunteer", an individual must have completed an orientation and training program covering, at a minimum, the subject matter outlined in Section 280.303(f) of this Part.

## SUBPART B: LICENSURE

## Section 280.201 Programs Subject to Licensure

- a) No person shall establish, conduct, or maintain a full or volunteer hospice without first obtaining a license from the Department.
- b) The following are subject to licensure:
  - 1) Any program that advertises or presents itself to be a full or

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- volunteer "Hospice"; or
- 2) any formal or organized program whose primary purpose is to provide supportive and palliative care to terminally ill persons and their families during the final stages of their illness and during dying and bereavement (Section 2 of the Act) as set forth in the program's statements of policy and operating procedures.

## Section 280.202 Licensure Procedures

- a) An application for a license to open, conduct, operate, and maintain a hospice program shall be made to the Department upon forms provided by the Department at least 60 days prior to opening a hospice program. The application shall be accompanied by:
  - 1) The Hospice Service Plan, as described in Section 280.405 of this Part.

- 2) the current annual operating budget for existing facilities (proposed annual operating budget for new facilities),
- 3) the license fee based on the hospice program's category.

- b) Each application submitted under the provisions of this Part shall be signed by the applicant and shall be verified by a witness. Applications on behalf of a corporation or association shall be made and verified by any 2 officers thereof on forms provided by the Department.

- c) An initial license will be issued if all provisions of this part are complied with. The license must be renewed annually. A license will be renewed if all provisions of this Part and the Act are complied with, or if there is an acceptable plan of correction for all deficiencies.

- d) All hospice programs in operation July 1, 1984 shall be considered as holding a provisional license. The provisional license shall remain in effect until July 1, 1985 or until the issuance of a regular license, whichever is earlier.

- e) A completed application for renewal of the license shall be submitted to the Department no less than sixty (60) days prior to the date of expiration.

- f) Licenses shall be posted inside the hospice program office pursuant to Section 4(e) of the Act.

## Section 280.203 License Not Transferable

- a) The license shall be valid only in the possession of the home health agency, hospital, nursing home or not-for-profit agency to which it was originally issued.

- b) The license shall be valid only for the hospice program and persons and locations named in the application and shall not be transferable or assignable.

- 1) A license shall become null and void upon the occurrence of any of the following acts: discontinuation of operation; appointment

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- of a receiver or trustee in bankruptcy; or death of licensee, dissolution of corporation, or expiration of license.
- 2) A license issued to a corporation which is dissolved subsequent to licensure shall not be revived upon reinstatement of the corporation.
  - 3) The license and all copies shall remain the property of the Department and shall be returned to the Department if there is a change in ownership, premises, or if the license is suspended, revoked, or modified.

**Section 280.204 License Fees**

Each applicant for an initial or a renewal license shall remit non-refundable application fees payable to the Department prior to consideration of the application by the Department. The amount of such fees shall be according to the following schedule:

- a) The initial and renewal licensure application fee for a Full Hospice shall be one hundred dollars (\$100).
- b) The initial and renewal license application fee for a Volunteer Hospice shall be twenty-five dollars (\$25).

**Section 280.205 Inspections or Investigations**

- a) Every service provided by a Hospice shall be subject at all times to inspection or investigation by the Department at the administrative offices of the Hospice and at the location where Hospice services are being provided. The inspection may be announced or unannounced.
- b) All other records required by the Act or rules of this Part shall be maintained by each hospice and shall be made available to the Department for review at the time of inspection or investigation.

**Section 280.206 Information to be Reported to the Department**

Each licensee shall report to the Department within ten (10) days, changes in:

- a) Ownership or control;
- b) Name and/or address;
- c) Location of program components within the existing licensed inpatient facilities.

**Section 280.207 Research or Experimental Programs**

Each Hospice program shall have written policies and procedures regarding whether it will conduct research studies or experimental programs. Studies conducted for statistical purposes only are not considered to be research or experimental programs. The Director will base approval of experimental programs upon the criteria listed in subsection (a) through (h) below.

- a) Any such program shall have written policies and procedures for all participants, including staff and patients affected;

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- b) There shall be written informed consent signed by each subject or his/her legal representative in the event that the participant is subject to an order of guardianship entered by a court of competent jurisdiction of such research and/or experimental program;
- c) Full disclosure shall be made to subjects and shall include conventional and experimental procedures, risk and/or potential discomfort, purposes or potential benefits, and alternative procedures;
- d) A subject shall be permitted to withdraw consent and to discontinue participation at any time and for any reason;
- e) A subject shall not be made, or requested, to waive any of his legal rights;
- f) Confidentiality shall be maintained regarding identity and clinical records of all participants;
- g) Control groups in treatment modalities shall be considered as participants in research and experimentation;
- h) The Hospice shall establish an interdisciplinary research committee or human rights committee that is comprised of both program staff members and persons who are not staff members. This committee shall include hospice patients and/or their representatives and persons from outside the facility, such as doctors, lawyers, parents, friends and advocates:

  - 1) The committee shall review experimental programs and research activities in accordance with a written review procedure to assure compliance with the policy for protection of human subjects of the Department of Health and Human Services (42 CFR 2.52 (1982)).
  - 2) All deliberations and decisions shall be documented.

## SUBPART C: ADMINISTRATION

**Section 280.301 Facilities Owned by Corporations**

Each Hospice which is owned or operated by any corporation, association, unit of government, or any other organization, whether organized for profit or not, shall have a Board of Directors in which is vested legal authority and responsibility for the organization, management, control, and operation of the Hospice and all programs administered by the Hospice. (This Section shall not apply to a partnership or sole proprietor.) The Board shall:

- a) Have written bylaws that shall be reviewed annually by the Board for currency and accuracy, and be revised as needed. The bylaws shall include, but not be limited to, a description of:
  - 1) The power and duties of the governing authority, its officers, committees, and the responsibility delegated to administrative staff;
  - 2) Eligibility criteria for governing body membership and selection method;
  - 3) Number of members necessary for a quorum;



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- 4) The duration of appointments or terms of office for governing body members;
- b) Adopt, review at least annually, and revise as needed, written program philosophy, policies and procedures for the operation and administration of the Hospice and each program pursuant to Subpart D of this Part. This review shall include, but not be limited to:
  - 1) Fiscal management;
  - 2) Community participation and input, if any;
  - 3) Admissions;
  - 4) Treatment;
  - 5) Planning and evaluation;
  - 6) Personnel;
  - 7) Patient rights;
- c) Have all adopted written policies and procedures co-signed and dated by the president of the board of directors (or his/her designee) and the administrator of the Hospice;
- d) Meet at least annually to review the operations of the Hospice. Written minutes of the meetings shall be kept.

**Section 280.302 Sole Proprietor/Partnerships**

- a) Each Hospice which is owned or operated by a sole proprietor or partnership, hereinafter referred to as owner, shall appoint and maintain an advisory board, the members of which shall be persons residing in the geographic area in which the Hospice is located.
- b) No member of a hospice advisory board shall have a direct or indirect financial interest in the operation of a hospice. Each member shall sign an attestation to that effect which shall be available for inspection by the Department.
- c) The Advisory Board shall meet at least annually. The Board shall assist the Sole Proprietor/Partnership in adopting, reviewing at least annually and revising as needed, written program philosophy, policies and procedures, for the operation and administration of the Hospice. This review shall include, but not be limited to:
  - 1) community participation and input procedures;
  - 2) admissions;
  - 3) treatment;
  - 4) planning and evaluation;
  - 5) patient rights.

**Section 280.303 Administrator**

The Sole Proprietor, Partnership or Board of Directors shall appoint an administrator whose qualifications and duties are defined in writing. The administrator shall have the following responsibilities:

- a) Ensure the completion, maintenance, and submission of all required reports and records to the Department;
- b) Assist owner(s) or Board of Directors in formulating and annually

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- c) reviewing the Hospice program policies and procedures;
- Maintain a current organizational chart which identifies the lines of authority from clinical supervision to the patient care level. Shift supervisors and staff members in positions of authority shall be identified;
- d) Have authority for the management of the business affairs and overall operation of the Hospice;
- e) Maintain personnel records, administrative records, and all policies and procedures of the Hospice;
- f) Ensure the provision of an orientation and in-service training program for all staff, covering the physical, emotional, spiritual and social needs of Hospice patients and their families during the final stages of illness, and during dying and bereavement;
- g) Employ personnel who meet the requirements of the written job descriptions of the Hospice;
- h) Designate in writing the staff member who will act in the absence of the administrator.

**SUBPART D: POLICIES AND PROCEDURES****Section 280.401 General**

The Hospice shall have written policies and procedures governing all services provided by the Hospice which shall be formulated with the involvement of the administrator and representatives of the Governing Board or Advisory Board. The policies shall be available to the staff, patients, patients' families and the public. These written policies shall be followed in operating the Hospice and shall be reviewed at least annually. These policies shall include:

- a) A written statement of philosophy, objectives and goals the Hospice is striving to achieve;
- b) A written statement of the Hospice services provided and the type of Hospice license required;
- c) A written statement of the Hospice relationship to the families of its patients;
- d) A written statement concerning admission, transfer, and discharge of patients.

**Section 280.402 Personnel Policies**

The Hospice shall have written personnel policies approved annually by the owner(s) or Board of Directors.

- a) Personnel policies applicable to all full and part-time staff shall include but not be limited to the following:

- 1) Requirements for initial and periodic health examinations as required by the Governing Board;
- 2) Orientation to the Hospice and continuing education, pursuant to Section 280.303 (f) of this Part;
- 3) Job descriptions for all positions utilized by the Hospice;

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- 4) Written documentation in board meeting minutes verifying that each job description is reviewed and updated at least annually for continuing appropriateness;
  - 5) Written documentation in personnel files verifying that all staff in positions required to be licensed, registered or certified by local, state or federal rules, regulations and/or requirements are so licensed, registered and/or certified by the licensing authority having jurisdiction;
  - 6) Provision for confidentiality of personnel records.
- b) Personnel records for all employees shall include: the name, address, and telephone number of the employee; social security number; date of birth; name, address, and phone number of next of kin; evidence of qualifications as identified by a resume' or completed employment application; professional certification, current licensure and/or registration if applicable; dates of employment and separation from the facility.
- c) All personnel records shall be available for review by Department staff responsible for determining compliance with the Act and this Part.
- d) The requirements listed above in subsection (a), (b), and (c), and the relevant definitions in Section 280.101(b) shall also apply to persons or individuals of entities under contract to provide indirect hospice services. A copy of the records or documentation required above shall be kept on file at the hospice office, along with the records of persons providing direct hospice services.

**Section 280.403 Hospice Programs**

Each Hospice program must meet the definition of a Full Hospice or a Volunteer Hospice as defined in this Part.

- a) Each Full Hospice must comply with all Program Service Standards as written in Section 280.605.
- b) Each Full Hospice must provide for inpatient services as stated in Subpart H.
- c) Each Volunteer Hospice must provide either directly or by written contract at least two of the Hospice services as stated in Section 280.605.
- d) Each Volunteer Hospice must make available a list of referrals for Hospice services not provided directly or by arrangement by the Hospice.

**Section 280.404 Volunteer Services**

Every Hospice shall have written policies and procedures regarding the use of volunteers. Policies and procedures shall include:

- a) A formal statement of the philosophy, objectives and scope of the volunteer program, which shall be approved in writing by the owner(s) or Board of Directors of the program;

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- b) The duties of the volunteers;
- c) A written orientation pursuant to Section 280.303 (f) of this Part, and an in-service training program to familiarize volunteers with the organization's goals and services;
- d) Volunteer personnel records, which must be maintained for the purpose of the Board's evaluation of the effectiveness of the volunteer services. At a minimum, the following records shall be maintained:
  - 1) Volunteer application form;
  - 2) Health questionnaire for each volunteer;
  - 3) A copy of the certificate indicating completion of the orientation program;
  - 4) Record of assignments and work hours;
  - 5) Current individual job description or identification of a standardized job description that is specific in terms of duties of the volunteer.

**Section 280.405 Hospice Service Plan**

Each Hospice shall develop an annual "Hospice Service Plan" detailing the specific hospice services offered by the full or volunteer hospice, and the administrative and direct care personnel responsible for those services. The Hospice Service Plan shall be included as part of the application for initial licensing or renewal and its content shall include but not be limited to:

- a) Identification of the person or persons administratively responsible for the program, and the affiliation, if any, of such person or persons with a licensed home health agency, hospital or nursing home;
- b) The estimated average monthly patient census;
- c) The proposed geographic area the Hospice will serve;
- d) A listing of those Hospice services provided directly by the Hospice, and those Hospice services provided indirectly through a contractual agreement;
- e) The name and qualifications of those persons or entities under contract to provide indirect Hospice services;
- f) The name and qualifications of those persons providing direct Hospice services;
- g) A description of how the Hospice plans to utilize volunteers in the provision of Hospice services;
- h) A description of the program's clinical record keeping system.

**Section 280.406 Patient Rights**

- a) Each Hospice program shall have written policies and procedures that support, enhance and protect the human, civil, constitutional and statutory rights of all patients. Rights shall include but not be limited to:

- 1) The right to informed consent that specifies the type of care and services that will be provided in the Hospice program;
- 2) The right to information regarding diagnosis and prognosis and

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any change in either;

- 3) The right to review and participate in his or her plan of care;
  - 4) The right to privacy.
- b) A copy of patient rights shall be provided to the patient upon admission to the Hospice.

**Section 280.407 Clinical Records**

Each Hospice must establish and maintain a clinical record for every individual receiving services.

- a) A standardized format shall be used for documenting:

- 1) Hospice care team services;
- 2) Home care services;
- 3) Inpatient services.

- b) Record entries shall be made by Hospice staff members or individuals providing services under contract.

- c) Progress notes shall be signed and dated by the person providing the services.

- d) The record shall include a conclusion or evaluation at the termination of Hospice care, including a referral of the patient, family and/or significant others to another resource, if applicable.

- e) The record for each patient, family member and/or significant other provided Hospice home care services shall include:

- 1) The name of the person(s) who are assuming responsibility for the care of the patient at home;
- 2) The suitability or adaptability of the residence for the provision of required services.
- f) The documentation must reflect the physical condition of the patient, the psychosocial status of the patient, family member, and/or significant other and the care provided from admission through discharge.
- g) Each Hospice must have a written program to identify how it will safeguard clinical records against loss, destruction and unauthorized use.

## SUBPART E: PHYSICIAN SERVICES/MEDICAL DIRECTION

**Section 280.501 Physician Services**

The Hospice must ensure that each patient has a physician.

- a) The Hospice Program shall have each patient or his/her representative complete and sign a form indicating the name of the physician responsible for his/her care.
- b) The patient/representative may elect to have the Hospice medical director assume all or part of the primary medical care functions for the patient.

**Section 280.502 Medical Director**

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*Each full Hospice shall have a medical director who shall be a physician licensed to practice medicine in all of its branches. In his/her absence the medical director shall designate another physician to serve as Hospice physician designee.*

- a) *The medical director shall have overall responsibility for medical direction of the care and treatment of patients and their families rendered by the Hospice Care Team, and shall consult and cooperate with the patient's attending physician.*

- b) Duties of the medical director shall include but not be limited to:

- 1) Reviewing clinical material of referring physician to document: basic disease process; the drug regimen; and assessment of patient's health and prognosis at time of entry;
- 2) Performing an admission history and physical for each patient who has no other physician;
- 3) Assisting in developing the plan of care for each patient/family with the coordination of the patient's physician;
- 4) Attending and actively participating in patient/family care conferences, when requested to do so by the Hospice care team coordinator;
- 5) Reviewing the active medical care and/or palliative care in patient's homes, in the inpatient unit and outpatient Hospice service;
- 6) Maintaining a regular schedule of participation in all components of the Hospice care program; and maintaining twenty-four (24) hour, seven (7) days a week coverage of, and ready availability to the Hospice program through himself/herself or his/her Hospice physician designee;
- 7) Acting as a consultant to patients' physicians and other members of the Hospice care team, helping to develop and review patient/family care policies and procedures; serving on the Hospice Care Team; and reporting to the administrator regarding medical care delivered to the Hospice patients;
- 8) Maintaining liaison with the personal or attending physician (The personal physician is encouraged to provide primary care to his/her patient even though the patient also receives Hospice care.);
- 9) Establishing written guidelines for symptom control, i.e., pain, nausea, vomiting, or other symptoms.

**Section 280.503 Medical Advisor**

Each Volunteer Hospice must have, at a minimum, a physician who will serve as a medical advisor to the Hospice.

## SUBPART F: HOSPICE PROGRAM CARE STANDARDS

**Section 280.601 General**



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Each Hospice program shall develop written policies and procedures for admissions and discharges. Each Full Hospice must also develop written policies and procedures for the development of the patient care plan and the function of the Hospice Care Team.

**Section 280.602 Admissions and Discharges**

- a) Admissions to the Hospice Program shall be limited to interested individuals who have been determined by their physician as having a terminal illness for which palliative care is considered the appropriate medical regime.
- b) Any restrictions by sex, age, or geographic areas must be clearly stated by each Hospice and shall apply to all applicants.
- c) The individual physical, medical, spiritual, social and psychological needs shall be evaluated upon admission. This shall be coordinated by the Hospice Care Team.
- d) The Hospice staff looks at the patient, the family and his/her significant others to determine the unit of care.
- e) Hospice services are voluntary and may be refused or stopped in accordance with written policies and procedures developed pursuant to Section 280.601 of this Part. The patient may request a return to curative treatment, at which time need for hospice services are to be re-evaluated.

**Section 280.603 The Hospice Care Team**

- a) Each Full Hospice will have, at a minimum, an interdisciplinary working unit called the Hospice Care Team. This unit shall be composed of, at a minimum, a physician, a registered professional nurse, a social worker, a pastoral or other counselor, and trained volunteers as described in Section 280.101 of this Part. The patient, patient's physician and patient's family are considered members of the Hospice Care Team when development or revision of the patient's plan of care takes place.
- b) Each Volunteer Hospice shall have a Hospice Care Team consisting of staff from each of the services provided. The patient, patient's physician and patient's family are considered members of the Hospice Care Team when development or revision of the patient's plan of care takes place.
  - 1) The Hospice Care Team must participate in the development of every patient care plan.
  - 2) The Hospice Care Team must establish a procedure to review each patient care plan at least monthly.

**Section 280.604 The Patient Care Plan**

- a) Each Full Hospice shall ensure that there is a written plan of care for each patient. The Hospice Care Team will complete an assessment

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of the care needs and identify at a minimum:

- 1) Alternative living arrangements for the patient;
  - 2) A written individualized treatment plan.
- b) There shall be updating of the plan based upon ongoing assessments by the Hospice Care Team.
- c) The patient care plan shall provide for involvement of the family and/or significant others in treatment.
- d) Each Full Hospice or Volunteer Hospice providing services to a patient in both the home setting and the inpatient setting must have written policies and procedures to share the written plan of care among both settings in order to facilitate continuity of care.

**Section 280.605 Hospice Services**

- a) The Hospice Care Team will be responsible for ensuring that all services are provided in accordance with the Patient Care Plan. Services will be provided directly by the Hospice or through written contracts with other providers.
- b) Each Volunteer Hospice shall provide at least two (2) of the Hospice Services defined in Section 280.605 (c).
- c) Each Full Hospice shall provide all of the following Hospice Services:
  - 1) Nursing Services
 

The nursing staff is responsible for developing and implementing the diagnostic, therapeutic, and rehabilitative plan as prescribed by the patient's physician. The nursing staff provides care in the patient's private home environment whether that be his own home, or the home of family or friends; observes symptoms and reactions; and meets the nursing care needs of the terminally ill. A Registered Professional Nurse must perform the home care assessment. Nursing services must be provided under the supervision of a Registered Nurse who assigns Hospice nursing and aide duties in accordance with "the Illinois Nursing Act (Ill. Rev. Stat. 1983, ch. 111, par., 3401 et seq.) and these rules of this Part.
  - 2) Social Services
 

Social Services must be made available to the patient/family. An evaluation of the social needs, such as environment, religious background, financial needs, psychosocial needs, family, special activities, and psychological needs shall be conducted. Social services must be delivered by a social worker.
  - 3) Pastoral/Counseling Services
 

The Hospice shall provide, at a minimum, one pastoral care person or other counselor who shall be qualified by the completion of a degree in either ministry, psychology, or a related field of counseling from a college, university or divinity school. Duties shall be enumerated in a job description. Pastoral/counseling services shall be made available to the patient and/or family. The patient's religious beliefs and practices shall be

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accommodated either by the Hospice or with an outside source. *Patients and Family shall not be required or requested to accept any value or belief system.*

- 4) Bereavement Services and Counseling  
Each Hospice shall provide bereavement counseling and services to the families of Hospice patients, both before and following the patient's death. Bereavement services shall be coordinated with the family's clergy, if any, as well as with other community resources judged by the Hospice Care Team to be useful to the family.

- 5) Dietary Services  
Dietary services shall be made available to all Hospice patients/family in the form of a dietary evaluation. This evaluation must be reviewed by the Hospice Care Team. Consultation by a dietitian must be available to the patient as determined necessary by the Hospice Care Team.

## SUBPART G: QUALITY ASSURANCE

**Section 280.701 Quality Assurance Plan/Utilization Review**

- a) Each Hospice must establish a written quality assurance plan for review of the services delivered. The plan must include a procedure for individual assessment of care provided, a process for identification of problems, and a system to report to the Governing Body findings and recommendation for improving the quality of care delivered.
- b) At least quarterly, members of professional disciplines representing at least the scope of the Hospice program shall review a 10% sample of both active and inactive clinical records of care delivered to Hospice patients and families. A written summary shall be prepared for each individual assessment, commenting on the amount and kind of care delivered and including statements addressing any unmet needs.
- c) At least quarterly, all summaries of individual assessments shall be reviewed by the person or persons responsible for coordinating quality assurance. A written report will be prepared addressing any identified problems with care, treatment services, availability of services, and methods of care delivery.
- d) The quality assurance reports shall be made available to the Hospice Administrator and Governing Body. There shall be evidence in the meeting minutes that the reports have been reviewed by the Governing Body at least annually.

## SUBPART H: INPATIENT SERVICES

**Section 280.801 Inpatient Care Facilities**

- A Full Hospice must make inpatient services available to patients who require

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such services. *Should inpatient care be required, services are to be provided in a hospital licensed under the Hospital Licensing Act (Ill. Rev. Stat., 1983, ch. 111 1/2, par. 142 et seq.), or a skilled nursing facility licensed under the Nursing Home Care Reform Act of 1979 (Ill. Rev. Stat. 1983, ch. 111 1/2, par. 4151-101 et seq.).*

- a) The Hospice is responsible for placing patients in an inpatient facility that provides 24-hour nursing services which are in accordance with each patient's plan of care. Each shift must include a registered nurse who provides or supervises direct patient care to the Hospice patient.
- b) The inpatient facility shall provide Hospice services in an area designed, equipped, and located for the comfort, convenience, and privacy of each patient and family member. This area shall have:
  - 1) Physical space for private patient/family visiting;
  - 2) Accommodations for family members to remain with the patient throughout the night;
  - 3) Accommodations for family privacy after a patient's death;
  - 4) Decor which is homelike in design and function.
- c) The area of an inpatient facility which is used as the Hospice Unit shall be located so that the activities of the rest of the facility do not infringe upon the activities of patients, families, staff or visitors in the Hospice Unit. Likewise, the presence of the Hospice Unit within the facility shall not interfere with the normal activities of the facility.
  - 1) The inpatient facility shall have written policies which permit Hospice patients to receive visitors, including small children, at any time of the day or night.
  - 2) The inpatient facility shall have written policies which permit relatives, and significant others, of a Hospice patient to participate in providing care to the patient, in accordance with the patient care plan.
- d) It is permissible for a room in the designated hospice area to be used for non-hospice, curative care, as long as there is written documentation that the non-hospice patient has been informed that the room is located in the hospice unit and the other patients in the unit are received palliative care rather than curative care. Such documentation shall include a statement to this effect, which has been signed by the patient. Hospice patients and non-hospice patients shall not be placed in the same room.

**Section 280.802 Inpatient Care Contracts**

The Hospice and inpatient facility must have written, dated and signed agreements stating the responsibilities of each. The agreements must be available for review by the Department.

## SUBPART I: HEARINGS

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**Section 280.901 Hearings**

The notice and hearing provisions contained in 77 Ill. Adm. Code 100, "Rules of Practice and Procedure in Administrative Hearings" shall apply to any administrative proceedings arising out of the Hospice Program Licensing Act and this Part.

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1) Heading of the Part: Hospice Programs2) Code Citation: 77 Ill. Adm. Code 2803) Section Numbers: Proposed Action:

280.1000	New Section
280.1010	New Section
280.1020	New Section
280.1030	New Section
280.1040	New Section
280.1050	New Section
280.1060	New Section
280.2000	New Section
280.2010	New Section
280.2020	New Section
280.2030	New Section
280.2040	New Section
280.2045	New Section
280.2050	New Section
280.2060	New Section
280.2070	New Section
280.2080	New Section
280.2090	New Section
280.3000	New Section
280.4000	New Section
280.4010	New Section
280.4020	New Section
280.4030	New Section
280.4040	New Section

4) Statutory Authority: Hospice Licensing Act [210 ILCS 60]

- 5) A Complete Description of the Subjects and Issues Involved: These rules will replace the Department's existing rules in this Part, which the Department is repealing. Public Act 89-0278 mandated the development of a regulatory program for hospice residences, necessitating clarification of the Department's rules to distinguish between this new program and traditional hospice services. The law defines "hospice residence" as "a home, apartment building or similar building providing living quarters: (1) that is owned or operated by a person licensed to operate as a full hospice; and (2) at which hospice services are provided to facility residents." The rules include licensure requirements; hospice services to be provided by the facility, such as personnel policies, patient rights provisions, physician services, development and implementation of hospice service plans, clinical records requirements, and provisions for quality assurance and utilization review; admission, discharge and case management requirements and other provisions for inpatient care, including nursing



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care and assistance with activities of daily living.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of this notice in the *Illinois Register*.

6) Will this rulemaking replace any emergency rulemaking currently in effect?  
No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? Yes

9) Are there any other proposed rulemakings pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the *Illinois Register* to:

Ms. Gail M. DeVito  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, IL 62761  
(217)782-2043

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Hospice programs, hospice residences

B) Reporting, bookkeeping or other procedures required for compliance:

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Record-keeping requirements are outlined in the proposed rules.

C) Types of professional skills necessary for compliance: Nursing, counseling, social work

13) Regulatory Agenda on which this rulemaking was summarized: July 1997

The full text of the Proposed Rule begins on the next page:

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TITLE 77: PUBLIC HEALTH  
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
 SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES

## PART 280

## HOSPICE PROGRAMS

## SUBPART A: LICENSURE

Section	
280.1000	Definitions
280.1010	Incorporated and Referenced Materials
280.1020	Licensure Procedures
280.1030	Statement of Ownership
280.1040	Inspections and Investigations
280.1050	Notice of Violation and Plan of Correction
280.1060	Adverse Licensure Actions

## SUBPART B: HOSPICE SERVICES

Section	
280.2000	Hospice Service Plan
280.2010	Hospice Services
280.2020	Administrator
280.2030	Policies and Procedures
280.2040	Personnel Policies
280.2045	Initial Health Evaluation for Employees
280.2050	Patient Rights
280.2060	Clinical Records
280.2070	Medical Director and Physician Services
280.2080	Hospice Program Care
280.2090	Quality Assurance Plan/Utilization Review
280.3000	Research or Experimental Programs

## SUBPART C: INPATIENT CARE

Section	
280.4000	Inpatient Care Facilities
280.4010	Licensure of Hospice Residences
280.4020	Hospice Residence Admission and Discharge
280.4030	Hospice Residence Nursing Care and Assistance in Activities of Daily Living
280.4040	Hospice Residence Operational Requirements

AUTHORITY: Implementing and authorized by the Hospice Program Licensing Act [210 ILCS 60].

SOURCE: Adopted at 2 Ill. Reg. 31, p. 77, effective August 2, 1978; emergency

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amendment at 3 Ill. Reg. 38, p. 314, effective September 7, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 40, p. 153, effective October 6, 1979; emergency amendment at 4 Ill. Reg. 18, p. 129, effective April 21, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 40, p. 56, effective September 23, 1980; emergency amendment at 6 Ill. Reg. 5855, effective April 28, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11006, effective August 30, 1982; amended at 7 Ill. Reg. 13665, effective October 4, 1983; codified at 8 Ill. Reg. 16829; amended at 9 Ill. Reg. 4836, effective April 1, 1985; amended at 14 Ill. Reg. 2382, effective February 15, 1990; amended at 15 Ill. Reg. 5376, effective May 1, 1991; amended at 18 Ill. Reg. 2414, effective January 22, 1994; emergency amendments at 20 Ill. Reg. 467, effective January 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10003, effective July 15, 1996; Part repealed at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_; new Part adopted at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: LICENSURE

## Section 280.1000 Definitions

Act - the Hospice Program Licensing Act [210 ILCS 60].

*Bereavement* - the period of time during which the hospice patient's family experiences and adjusts to the death of the hospice patient. (Section 3(a) of the Act)

*Counselor* - a person who has earned at a minimum a bachelor's degree in counseling, psychology, or social work from an accredited college or university and who has one year of counseling experience in a health care setting; or a religious professional (clergy, religious or theologically trained lay person) who has a combination of documented formal training in pastoral counseling and supervised counseling experience in a health care or clinical setting. The total of academic and supervised work experience must equal at least five years. Any person employed as a "counselor" in an Illinois Licensed Hospice Program prior to September 1, 1985 may continue to serve in that capacity at that agency only, even though he or she may not meet the qualifications for "counselor" on the date that these rules are effective.

*Department* - the Illinois Department of Public Health. (Section 3(b) of the Act)

*Director* - the Director of the Illinois Department of Public Health or designee. (Section 3(b) of the Act)

*Full Hospice* - a coordinated program of home and inpatient care providing directly, or through agreement, palliative and supportive

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*medical, health and other services to terminally ill patients and their families.* (Section 3(b) of the Act) In this Part, the use of the phrase "full hospice" applies only to full hospice programs. The use of "volunteer hospice" applies only to volunteer hospice programs. The use of "hospice" or "hospice programs" applies to both full hospice programs and volunteer hospice programs.

*Geographic Service Areas* - the counties, cities, census tract, etc. that the hospice identifies in the license application as required in Section 280.1020(b)(11) of this Part.

*Governing Body* - the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a hospice program and establishes policies concerning its operation and the welfare of the individuals it serves.

*Home Health Agency* - an agency licensed under the Home Health Licensing Act [210 ILCS 55].

*Hospice Aide* - a person who provides assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence, or who is incapable of managing his person, whether or not a guardian has been appointed for such individual. Hospice aides must meet the requirements for Home Health Aides in 77 Ill. Adm. Code 245.70 and 245.72 or Nursing Assistants in 77 Ill. Adm. Code 300.660 and 300.661.

*Hospice Care Team* - an interdisciplinary working unit composed of but not limited to a physician, a nurse, a social worker, a pastoral or other counselor, and trained volunteers. (Section 3(e) of the Act)

*Hospice Patient* - a terminally ill person receiving hospice services. (Section 3(f) of the Act)

*Hospice Patient's Family* - a hospice patient's immediate family consisting of a spouse, sibling, child, parent and those individuals designated as such by the patient for the purposes of the Act. (Section 3(g) of the Act)

*Hospice Residence* - a home, apartment building, or similar building providing living quarters:

*that is owned or operated by a person licensed to operate as a full hospice; and*

*at which hospice services are provided to facility residents.*

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*A building that is licensed under the Hospital Licensing Act or the Nursing Home Care Act is not a hospice residence.* (Section 3(g-1) of the Act)

*Hospice Service Plan* - a plan detailing the specific hospice services offered by a full or volunteer hospice, and the administrative and direct care personnel responsible for those services. The plan shall include but not be limited to those items specified in Section 280.2000 of this Part. (Section 3(j) of the Act)

*Hospice Services* - palliative and supportive care provided to a hospice patient and his or her family to meet the special need arising out of the physical, emotional, spiritual and social stresses which are experienced during the final stages of illness and during dying and bereavement. (Section 3(h) of the Act)

*Hospital* - a location licensed under the Hospital Licensing Act [210 ILCS 85].

*Long-Term Care Facility* - a location licensed under the Nursing Home Care Act [210 ILCS 45].

*Not-for-Profit Agency* - any hospice program that is operated: by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under the General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or, by a county pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or, pursuant to a trust or endowment established for nonprofit, charitable purposes.

*Nurse* - a registered nurse or a licensed practical nurse as defined in the Illinois Nursing Act of 1987 [225 ILCS 65].

*Palliative Care* - treatment to provide for the reduction or abatement of pain and other troubling symptoms, rather than treatment aimed at investigation and intervention for the purpose of cure or inappropriate prolongation of life. (Section 3(i) of the Act)

*Patient's Representative* - a person other than the owner or an agent or employee of a hospice program or inpatient facility not related to the patient, designated in writing by a patient to be his/her representative, or the patient's guardian, or the parent of a minor patient for whom no guardian has been appointed.

*Physician* - any person licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

*Research or Experimental Programs* - use of patients receiving services



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in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, and understanding of an illness. This involves all behavioral and medical experimental research that involves human beings as experimental subjects.

Significant Others - friends and associates who provide physical, emotional, spiritual or financial support to the patient.

Social Worker - a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] and has one year of social work experience in a health care setting.

Staff - paid employees of a hospice, individuals working under contractual agreements, and volunteers.

*Terminally Ill* - a medical prognosis by a physician that a patient has an anticipated life expectancy of 6 months or less. (Section 3(k) of the Act)

*Volunteer* - a person who offers his or her services to a hospice without compensation. Reimbursement for a volunteer's expenses in providing hospice service shall not be considered compensation. (Section 3(l) of the Act)

*Volunteer Hospice* - a program which provides hospice services to patients regardless of their ability to pay, with emphasis on the utilization of volunteers to provide services, under the administration of a not-for-profit agency. This does not prohibit the employment of staff. (Section 3(m) of the Act) In this part, the use of the phrase "full hospice" applies only to full hospice programs. The use of "volunteer hospice" applies only to volunteer hospice programs. The use of "hospice" or "hospice programs" applies to both full hospice programs and volunteer hospice programs.

Workstation - an office provided for an employee's convenience and not identified in advertising or used for providing hospice services.

## Section 280.1010 Incorporated and Referenced Materials

- a) The following regulations and standards are incorporated by reference in this Part:

1) Private and professional association standards:  
National Fire Protection Association (NFPA), Standard No. 101(1994): Life Safety Code, Chapter 22 and Chapter 23 "Board and Care Homes, Impractical Evacuation Capabilities," which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269.

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- 2) Federal regulations

A) Department of Health and Human Services  
Health Care Financing Administration  
42 CFR 2.52 (Research Activities) (1995).

B) Department of Health and Human Services  
Food and Drug Administration

21 CFR 178.1010 (Sanitizing Solutions) (1995).

- b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

c) The following State statutes are referenced in this Part:

1) Hospital Licensing Act [210 ILCS 85];

2) Nursing Home Care Act [210 ILCS 45]; and

3) Illinois Administrative Procedure Act [5 ILCS 100].

- d) The following State rules are referenced in this Part:

1) Department of Public Health, Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100);

2) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690); and

3) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750).

## Section 280.1020 Licensure Procedures

- a) The Department shall issue a hospice license only to a licensed home health agency, hospital, long-term care facility or not-for-profit agency.

b) An application for an initial license or a renewal license to operate as a full or volunteer hospice shall be in writing on forms provided by the Department. (Section 5 of the Act) The application shall be made under oath and shall contain the following information:

- 1) The name, address, and telephone number of the hospice program location.
- 2) The type of hospice, i.e., volunteer or full hospice. If the program is a volunteer hospice, a listing of provided services.
- 3) If workstations are used, the address and phone number of the central office and the address and phone number of each workstation.
- 4) If the hospice program is not a not-for-profit agency, the type of primary license, i.e., hospital, long-term care facility, or home health agency, held by the full hospice.
- 5) A statement of ownership in accordance with Section 280.1030 of this Part.
- 6) The name and address of the registered agent or other individual authorized to receive Service of Process for the hospice program.
- 7) The name of the person under whose management or supervision the facility will be operated.

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- 8) A listing of professional staff including their name, title, license or registration number, whether they are full or part time, and whether they are paid or volunteer employees.
- 9) Number of volunteers and (approximate) total combined volunteer hours of care and service per week.
- 10) Source of income.
- 11) A designation of the proposed geographic area to be served by the hospice.
- 12) Hospice census report for the fiscal year (for renewals only).
- 13) A listing of outside contractors.
- 14) A copy of the annual hospice service plan.
- 15) A copy of the current annual budget and financial audit for the current fiscal year.
- 16) If the central office is used by patients and the public, a certification from the local fire authority or State Fire Marshal that the location meets fire and safety ordinances and laws.
- c) An application for licensure as a full hospice shall be accompanied by a fee of \$100. An application for a volunteer hospice shall be accompanied by a fee of \$25.
- d) Upon receipt and review of a complete application for licensure, the Department shall conduct an inspection to determine compliance with the Act and this Part.
- e) If the hospice program is found to be in substantial compliance with the Act and this Part, the Department shall issue a license for a period of one year.
  - 1) The license shall not be transferable; it is issued to the licensee and for the specific location; and
  - 2) The license shall become automatically void and shall be returned to the Department if a full hospice's hospital, long-term care facility or home health agency license is revoked, nonrenewed, relinquished, denied, forfeited or suspended.
- f) An application for license renewal shall be filed with the Department 60 days prior to the expiration of the license, on forms provided by the Department.
  - 1) The renewal application shall comply with the requirements of subsections (a), (b)(1)-(7) and (11), and (c) of this Section.
  - 2) Pursuant to Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65], licensees who are individuals are subject to denial of renewal of licensure if the individual is more than 30 days delinquent in complying with a child support order.
  - 3) Upon receipt and review of a complete application for license renewal, the Department shall conduct a survey. The Department shall renew the license in accordance with subsection (e) of this Section.
- g) The licensee shall report any changes in the information on the application to the Department within ten days after the change.
- h) *The hospice program license shall be displayed in a conspicuous place*

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- i) *inside the hospice program office.* (Section 4(e) of the Act) The license shall be valid only for the hospice program, persons and location named in the application and shall not be transferable or assignable. This subsection does not prohibit the use of workstations throughout the geographic service areas.

**Section 280.1030 Statement of Ownership**

- a) As a condition of issuance or renewal of a license to operate a hospice program, the applicant shall file a statement of ownership.
- b) The licensee shall notify the Department of any change in the information required in the statement of ownership within ten days after the change.
- c) The statement of ownership shall include the following: name, address, telephone number, occupation or business activity, and the percent of direct or indirect financial interest of any person having a direct or indirect interest of five percent or more in the legal entity designated as the operator/licensee of the hospice program.

**Section 280.1040 Inspections and Investigations**

- a) The Department shall perform licensure inspections, as deemed necessary, to ensure compliance with the Act and this Part.
- b) All services and facilities to which this Part applies shall be subject to and shall be deemed to have given consent to all inspections by properly identified personnel of the Department, or by other such properly identified persons as the Department might designate. In addition, representatives of the Department shall have access to and may reproduce or photocopy any books, records and other documents maintained by or for the licensee to the extent necessary to carry out the Act and this Part.
- c) *The Department may, upon its own motion, and shall, upon receiving a verified complaint in writing of any persons setting forth facts which if proven would constitute grounds for the denial of an application or refusal to renew a license or revocation of a license, investigate the applicant or licensee.* (Section 11(a) of the Act)

**Section 280.1050 Notice of Violation and Plan of Correction**

- a) Upon determination that the licensee or applicant is in violation of the Act or this Part, the Department shall issue a written Notice of Violation and request a plan of correction. The notice shall specify the violations, and shall instruct the licensee or applicant to submit a plan of correction to the Department within 10 days after receipt of the Notice.
- b) Each plan of correction shall be based on an assessment by the hospice program of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures

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that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the hospice program. Each plan of correction shall include:

- 1) A description of the specific corrective action the hospice program is taking, or plans to take, to abate, eliminate, or correct the violation cited in the Notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations and the parties responsible for the correction.
- 3) A specific date by which the corrective action will be completed.
- c) Submission of a plan of correction shall not be considered an admission by the hospice program that the violation has occurred.
- d) The Department shall review each plan of correction to ensure that it provides for the abatement, elimination, or correction of the violation. The Department shall reject a submitted plan only if it finds any of the following deficiencies:

- 1) The plan does not appear to address the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences.
- 2) The plan is not specific enough to indicate the actual actions the hospice program will be taking to abate, eliminate, or correct the violation.
- 3) The plan does not provide for measures that will abate or eliminate, or correct the violation.
- 4) The plan does not provide steps that will avoid future occurrences of the same and similar violations.
- 5) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation, any possible harm to the patients, and the extent and complexity of the correction action.
- f) The Department shall notify the licensee or applicant in writing of the rejection of the plan of correction, including specific reasons for the rejection of the plan. The hospice program shall have 10 days after receipt of notice of rejection in which to submit a modified plan that addresses the requirements of subsection (b) of this Section.
- g) If a licensee or applicant fails to make a timely submission of a modified plan of correction, or such modified plan is not acceptable to the Department, a plan of correction may be specified and imposed by the Department.
- h) The Department shall verify the completion of the corrective action required by the plan of correction within the specified time period during subsequent investigations, surveys and evaluations of the facility.

**Section 280.1060 Adverse Licensure Actions**

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- a) Before denying an application or refusing to renew a license or revoking a license, the Department shall notify the applicant or licensee in writing. (Section 11(a) of the Act)
- b) Such notice shall be effected by registered mail or by personal service setting forth the particular reasons for the proposed action and fixing a date, not less than 15 days from the date of such mailing or service, at which time the applicant or licensee shall be given an opportunity for a hearing. (Section 11(b) of the Act)
- c) Such hearing shall be conducted by the Director or designee in conformance with the Department's Rules of Practice and Procedure in Administrative Hearings and Section 11 of the Act. (Section 11(b) of the Act)
- d) A license may be revoked or suspended for any of the following reasons:
  - 1) A violation of any provision of the Act or this Part; or
  - 2) The loss of a license held by the affiliated Agency under its applicable Licensing Act. (Section 10 of the Act)

## SUBPART B: HOSPICE SERVICES

**Section 280.2000 Hospice Service Plan**

Each hospice program shall develop an annual hospice service plan detailing the specific hospice services offered, and the administrative and direct care personnel responsible for those services. The hospice service plan shall include but not be limited to:

- a) Identification of the person or persons administratively responsible for the program, and the affiliation, if any, of such person or persons with a licensed home health agency, hospital or nursing home.
- b) The estimated average monthly patient census.
- c) The proposed geographic area the hospice will serve.
- d) A listing of those hospice services provided directly by the hospice, and those hospice services provided indirectly through a contractual agreement.
- e) The names and qualifications of those persons or entities under contract to provide indirect hospice services.
- f) The name and qualifications of those persons providing direct hospice services, with the exception of volunteers.
- g) A description of how the hospice plans to utilize volunteers in the provision of hospice services.
- h) A description of the program's clinical record-keeping system. (Section 3(j) of the Act)

**Section 280.2010 Hospice Services**

- a) The hospice care team will be responsible for ensuring that all services are provided in accordance with the patient care plan. Services will be provided directly by the hospice or through written



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contracts with other providers.

- b) Each volunteer hospice shall provide at least Nursing Services or Social Services and one of the other hospice services defined in subsection (c) of this Section. Each volunteer hospice shall make available a list of referrals for other care services not provided directly or by arrangement by the hospice program. The volunteer hospice shall educate these service providers on hospice philosophy.

- c) Each full hospice shall provide all of the following hospice services:

1) Nursing Services - Nursing services are responsible for developing and implementing the diagnostic, therapeutic, and rehabilitative plan as prescribed by the patient's physician. The nursing staff shall provide care in the patient's private home environment, whether his own home or the home of family or friends; observe symptoms and reactions; and meet the nursing care needs of the terminally ill. A registered nurse must perform the home care assessment. Nursing services must be provided under the supervision of a registered nurse.

2) Social Services - Social services shall be made available to the patient/family. An evaluation of the social needs, such as environment, religious background, financial needs, psychosocial needs, family, special activities, and psychological needs shall be conducted. Social services shall be delivered by a social worker.

3) Pastoral/Counseling Services - The hospice program shall provide, at a minimum, one pastoral care person or other counselor. Pastoral/counseling services shall be made available to the patient and family. The patient's religious beliefs and practices shall be accommodated either by the hospice or with an outside source. *The hospice program shall not impose the dictates of any value or belief system on its patients.* (Section 8 of the Act)

4) Bereavement Services and Counseling - Each hospice shall provide bereavement counseling and services to the families of hospice patients to the extent desired by the family. Bereavement services shall be coordinated with the family's clergy, if any, as well as with other community resources judged by the hospice care team to be useful to the family.

5) Dietary Services - The hospice program shall perform a dietary evaluation of the patient and family. This evaluation must be reviewed by the hospice care team. Consultation by a dietitian shall be available to the patient as determined necessary by the hospice care team.

#### Section 280.2020 Administrator

The governing body shall appoint an administrator whose qualifications and duties are defined in writing. The administrator shall have the following responsibilities:

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- a) Ensure the completion, maintenance, and submission of all required reports and records to the Department.
- b) Assist the governing body in formulating and annually reviewing the hospice program policies and procedures.
- c) Maintain a current organizational chart that identifies the lines of authority from clinical supervision to the patient care level. Shift supervisors and staff members in positions of authority shall be identified.
- d) Have authority for the management of the business affairs and overall operation of the hospice.
- e) Maintain personnel records, administrative records, and all policies and procedures of the hospice.
- f) Ensure the provision of an orientation and in-service training program for all staff, covering the physical, emotional, spiritual, bereavement and social needs of hospice patients and their families.
- g) Employ personnel who meet the requirements of the written job descriptions of the hospice.
- h) Designate in writing the staff member who will act in the absence of the administrator.

#### Section 280.2030 Policies and Procedures

The hospice shall have written policies and procedures governing all services provided by the hospice, which shall be formulated with the involvement of the administrator and representatives of the governing body. The policies shall be available to the staff, patients, patients' families and the public. These written policies shall be followed in operating the hospice and shall be reviewed annually and revised as necessary. These policies shall include a written statement:

- a) of philosophy, objectives and goals the hospice is striving to achieve;
- b) of the hospice services provided and the type of hospice license required;
- c) of the relationship of the hospice to the families of its patients;
- d) concerning admission, transfer, and discharge of patients;
- e) concerning community participation and input, if any; and
- f) concerning the planning, evaluation and quality assurance process.

#### Section 280.2040 Personnel Policies

- a) The hospice shall develop and maintain written personnel policies that are followed in the operation of the program. These policies shall include policies and procedures regarding the use of volunteers.
- b) Employment application forms shall be completed on each employee and kept on file in the program's central office. The file shall contain, at a minimum, home address; telephone number; Social Security number; educational background; documentation of current professional certification, licensure or registration, as applicable; past

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employment history including dates, positions held, reasons for leaving. The date of employment and position held shall be documented in each file.

- c) Each employee shall have an accurate written job description. Employees shall only be assigned duties directly related to their job functions, as identified in the job descriptions. Exceptions may be made when unplanned events, such as severe weather, limit staffing temporarily.
- d) All personnel shall have either training or experience, or both, in the job assigned them.
- e) All new employees shall complete an orientation program covering, at a minimum, the program's philosophy and goals; job orientation, emphasizing allowable duties of the new employee, safety, and appropriate interactions with patients and families.
- f) All employees shall attend in-service training programs pertaining to their assigned duties at least annually. Written records of program content and personnel attending each session shall be maintained.
- g) The facility shall document all arrangements for each consultant's services in a written agreement setting forth services to be provided.
- h) Volunteer application forms shall be completed on each volunteer and kept on file in the program's central office. The file shall contain, at a minimum, home address; telephone number; Social Security number; educational and employment background relating to the volunteer position; documentation of current professional certification, licensure or registration relating to the volunteer position. The date of acceptance as a volunteer and position held shall be documented in each file.
- i) Each volunteer shall have an accurate written job description. Volunteers shall only be assigned duties directly related to their job functions, as identified in the job description.
- j) All volunteers shall have either training or experience, or both, in the job assigned them.
- k) All volunteers shall complete an orientation program covering, at a minimum, the program's philosophy and goals; job orientation, emphasizing allowable duties of the volunteer, safety, and appropriate interactions with patients and families.

**Section 280.2045 Initial Health Evaluation for Employees**

- a) Each employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, patients, or family members.
- b) The initial health evaluation shall include a health inventory. This inventory shall be obtained from the employee and shall include the employee's immunization status and any available history of conditions that would predispose the employee to acquiring or transmitting infectious diseases in the course of performing anticipated job

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functions. It shall include any history of exposure to, or treatment for, tuberculosis, any history of hepatitis, dermatologic conditions, chronic draining infections or open wounds.

- c) The initial health evaluation shall include a physical examination. The examination shall include at a minimum any procedures needed to:
  - 1) Detect any unusual susceptibility to infection and any conditions that would increase the likelihood of the transmission of disease, and
  - 2) Determine that the employee appears to be physically able to perform the job functions that the hospice program intends to assign to the employee.
- d) The health inventory and physical examination shall be completed no more than 30 days prior to and no more than 30 days after the date of initial employment.
- e) The initial health evaluation shall include a tuberculin skin test, which is conducted in accordance with the requirements of Section 690.720 of the Control of Communicable Diseases Code.

**Section 280.2050 Patient Rights**

- a) Each hospice program shall have written policies and procedures that support, enhance and protect the human, civil, constitutional and statutory rights of all patients. Rights shall include but not be limited to:
  - 1) The right to informed consent that specifies the type of care and services that will be provided in the hospice program.
  - 2) The right to information regarding diagnosis and prognosis and any change in either.
  - 3) The right to review and participate in his or her plan of care.
  - 4) The right to privacy.
- b) A copy of patient rights shall be provided to the patient upon admission to the hospice.

**Section 280.2060 Clinical Records**

Each hospice must establish and maintain a clinical record for every individual receiving services.

- a) A standardized format shall be used for documenting:
  - 1) Hospice care team services;
  - 2) Home care services; and
  - 3) Inpatient services.
- b) Record entries shall be made by hospice staff members or individuals providing services under contract.
- c) Progress notes shall be signed and dated by the person providing the services.
- d) The record shall include a conclusion or evaluation at the termination of hospice care, including a referral of the patient, family and/or significant others to another resource, if applicable.

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- e) The record for each patient, family member and/or significant other provided hospice home care services shall include:
- 1) The name of the person(s) who is assuming responsibility for the care of the patient at home; and
  - 2) The suitability or adaptability of the residence for the provision of required services.
- f) The documentation must reflect the physical condition of the patient, the psychosocial status of the patient, family member, and/or significant other and the care provided from admission through discharge.
- g) Each hospice must have a written program to identify how it will safeguard clinical records against loss, destruction and unauthorized use.
- h) A patient's clinical records shall be maintained by the hospice for at least five years after the patient has been discharged.

**Section 280.2070 Medical Director and Physician Services**

- a) Each full hospice program shall have a medical director who shall be a physician licensed to practice medicine in all of its branches. (Section 8 of the Act) In his/her absence the medical director shall designate another physician to serve as hospice physician designee.
- b) *The medical director shall have overall responsibility for medical direction of the care and treatment of patients and their families rendered by the hospice care team, and shall consult and cooperate with the patient's attending physician.* (Section 8 of the Act)
- c) Duties of the medical director shall include but not be limited to:
- 1) Reviewing the clinical material of the referring physician to document basic disease process; the drug regimen; and assessment of the patient's health and prognosis at time of entry.
  - 2) Performing an admission history and physical for each patient who has no other physician.
  - 3) Assisting in developing the plan of care for each patient/family with the coordination of the patient's physician.
  - 4) Attending and actively participating in patient/family care conferences, when requested to do so by the hospice care team coordinator.
  - 5) Reviewing the active medical care and palliative care in patient's homes, in the inpatient unit and outpatient hospice service.
  - 6) Maintaining a regular schedule of participation in all components of the hospice care program; and maintaining 24-hour, seven days a week coverage of and ready availability to the hospice program through himself/herself or his/her hospice physician's designee.
  - 7) Acting as a consultant to patient's physicians and other members of the hospice care team; helping to develop and review patient/family care policies and procedures; serving on the hospice care team; and reporting to the administrator regarding

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- medical care delivered to the hospice patients.
- 8) Maintaining liaison with the personal or attending physician. (The personal physician is encouraged to provide primary care to his/her patient even though the patient also receives hospice care.)
  - 9) Establishing written guidelines for symptom control, i.e., pain, nausea, vomiting, or other symptoms.
  - d) The hospice must ensure that each patient has a physician. The hospice program shall have each patient or his/her representative complete and sign a form indicating the name of the physician responsible for his/her care.
  - e) Each volunteer hospice shall have, at a minimum, a physician who will serve as a medical advisor to the hospice.

**Section 280.2080 Hospice Program Care**

- a) Each hospice program shall develop written policies and procedures for admissions and discharges, the function of the hospice care team and the development of the patient care plan.
- b) Admissions and Discharges
  - 1) Admissions to the hospice program shall be limited to interested individuals who have been determined by their physician as having a terminal illness for which palliative care is considered the appropriate medical regimen.
  - 2) Restrictions by sex, age, or geographic areas must be clearly stated by each hospice program and shall apply to all applicants.
  - 3) Upon admission, the hospice care team shall coordinate an evaluation of the patient's physical, medical, spiritual, social and psychological needs. The patient, the family and his/her significant others shall be evaluated to determine the unit of care.
  - 4) Hospice services are voluntary and may be refused or stopped in accordance with written policies and procedures. The patient may request a return to curative treatment, at which time the need for hospice services is to be re-evaluated.
- c) Function of the Hospice Care Team
  - 1) Each full hospice will have, at a minimum, an interdisciplinary working unit called the hospice care team. This unit shall be composed of, at a minimum, a physician, a nurse, a social worker, a pastoral or other counselor, and trained volunteers. The patient, patient's physician and patient's family are considered members of the hospice care team when development or revision of the patient's plan of care takes place.
  - 2) Each volunteer hospice shall have a hospice care team consisting of staff from each of the services provided. The patient, patient's physician and patient's family are considered members of the hospice care team when development or revision of the patient's plan of care takes place. The hospice care team must



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participate in the development of every patient care plan. The hospice care team must establish a procedure to review each patient care plan at least monthly.

## d) Patient Care Plan

- 1) Each full hospice shall ensure that there is a written plan of care for each patient. The hospice care team will complete an assessment of the care needs and identify, at a minimum, alternative living arrangements for the patient and a written individualized treatment plan.
- 2) The plan shall be updated based on ongoing assessments by the hospice care team.
- 3) The patient care plan shall provide for involvement of the family and/or significant others in treatment.
- 4) Each full hospice or volunteer hospice providing services to a patient in both the home setting and the inpatient setting must have written policies and procedures to share the written plan of care between both settings to facilitate continuity of care.

**Section 280.2090 Quality Assurance Plan/Utilization Review**

Each hospice shall establish a written quality assurance plan for review of the services delivered. The plan must include:

- a) A procedure for individual assessment of care provided. At least quarterly, members of professional disciplines representing at least the scope of the hospice program shall review a 10% sample of both active and inactive clinical records of care delivered to hospice patients and families and shall provide a written summary for each individual assessment. The summary shall include the amount and kind of care delivered and shall address any unmet needs.
- b) A process for identification of problems. The person or persons responsible for coordinating quality assurance shall review all summaries of individual assessments at least quarterly and prepare a written report addressing any problems with care, treatment services, availability of services, and methods of care delivery.
- c) A system to report to the governing body findings and recommendations for improving the quality of care delivered. The quality assurance reports shall be reviewed by the hospice administrator and the governing body. The minutes of the meetings of the governing body shall indicate that the reports have been reviewed at least annually.

**Section 280.3000 Research or Experimental Programs**

Each hospice shall have a written policy concerning participation in research studies or experimental programs. (Studies conducted for statistical purposes only are not considered to be research or experimental programs.) The policy shall require approval from the Director prior to initiating any research study or experimental program. The Director will base approval of experimental programs upon the following:

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- a) The establishment of appropriate written policies and procedures for all participants, including staff and patients affected.
- b) Requirements for written informed consent signed by each subject or patient representative or legal guardian.
- c) Procedures for full disclosure to subjects, including disclosures of conventional and experimental procedures, risk and/or potential discomfort, purposes or potential benefits, and alternative procedures.
- d) Subjects shall be permitted to withdraw consent and to discontinue participation at any time and for any reason.
- e) Subjects shall not be made, or requested, to waive any of their legal rights.
- f) Confidentiality shall be maintained regarding identity and clinical records of all participants.
- g) Control groups in treatment modalities shall be considered as participants in research and experimentation.
- h) The hospice shall establish an interdisciplinary research committee or human rights committee that is composed of both program staff members and persons who are not staff members. This committee shall include hospice patients and/or their representatives and persons from outside the facility, such as doctors, lawyers, parents, friends and advocates.
- 1) The committee shall review experimental programs and research activities in accordance with a written review procedure to assure compliance with the policy for protection of human subjects of the Department of Health and Human Services (42 CFR 2.52 (1993)).
- 2) All deliberations and decisions shall be documented.

## SUBPART C: INPATIENT CARE

**Section 280.4000 Inpatient Care Facilities**

- a) *To the maximum extent possible, care shall be furnished in the patient's home. Should inpatient care be required, services are to be provided with the intent of minimizing the length of such care and shall only be provided in a hospital licensed under the Hospital Licensing Act, a skilled nursing facility licensed under the Nursing Home Care Act or a hospice residence. (Section 3 of the Act)*  
The full hospice is responsible for placing patients in an inpatient facility that provides 24-hour nursing services in accordance with each patient's plan of care. Each shift must include a registered nurse who provides or supervises direct patient care to the hospice patient.
- b) The inpatient facility shall provide hospice services in an area designed, equipped, and located for the comfort, convenience, and privacy of each patient and family member. This area shall have:
  - 1) Physical space for private patient/family visiting;

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- 2) Accommodations for family members to remain with the patient throughout the night;
- 3) Accommodations for family privacy after a patient's death; and
- 4) Decor that is homelike in design and function.

d) The area of an inpatient facility that is used as the hospice unit shall be located so that the activities of the rest of the facility do not infringe upon the activities of patients, families, staff or visitors in the hospice unit. Likewise, the presence of the hospice unit within the facility shall not interfere with the usual activities of the facility.

- 1) The inpatient facility shall have written policies that permit hospice patients to receive visitors, including small children, at any time of the day or night.
- 2) The inpatient facility shall have written policies that permit relatives and significant others of a hospice patient to participate in providing care to the patient, in accordance with the patient care plan.
- e) It is permissible for a room in the designated hospice area to be used for nonhospice curative care, as long as there is written documentation that the nonhospice patient has been informed that the room is located in the hospice unit and the other patients in the unit are receiving palliative care rather than curative care. Such documentation shall include a statement to this effect, which has been signed by the patient. Hospice patients and nonhospice patients shall not be placed in the same room.
- f) The hospice and inpatient facility, unless a hospice residence under the same governing body, shall have written, dated and signed agreements stating the responsibilities of each.

**Section 280.4010 Licensure of Hospice Residences**

- a) *The number of licensed hospice residences shall not exceed six before December 31, 1996 and shall not exceed 12 before December 31, 1997.* (Section 9(c) of the Act)
- b) An applicant shall submit a hospice residence licensure application on forms provided by the Department. The application shall be made under oath and shall contain the following information:
  - 1) All information required by Section 280.1020(b)(1)-(16) of this Part;
  - 2) The name, address, telephone number, occupation, and the percent of direct or indirect financial interest of any person having a direct or indirect interest of five percent or more in the legal entity that owns the building, or proposed building; and
  - 3) Proposed staffing.
- c) An application for licensure as a hospice residence shall be accompanied by a fee of \$1500.
- d) Upon receipt and review of a complete application for licensure, the Department shall conduct an inspection to determine compliance with

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the Act and this Part.

- e) Licenses will be issued to applicants in the following geographic areas, in the order in which completed applications are received by the Department:
  - 1) Four hospice residences located in a municipality with a population of 3,000,000 or more;
  - 2) Four hospice residences located in counties with a population of 500,000 or more but, less than 3,000,000; and
  - 3) Four hospice residences located in counties with a population of less than 500,000.

f) If the hospice residence is found to be in substantial compliance with the Act and this Part, the Department shall issue a license that expires on the same date as the full or volunteer hospice program license.

- 1) The license shall not be transferable; it is issued to the licensee and for the specific location; and
- 2) The license shall become automatically void and shall be returned to the Department if a hospice residence's full or volunteer license is revoked, nonrenewed, relinquished, denied, forfeited, or suspended.
- g) An application for license renewal shall be filed with the Department 60 days prior to the expiration of the license, on forms provided by the Department.
  - 1) The renewal application shall comply with the requirements of subsections (b) and (c) of this Section.
  - 2) A letter from the Office of the State Fire Marshal shall accompany the application certifying that the hospice residence physical plant meets the provisions of Section 280.4060 of this Part.
  - 3) Pursuant to Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65], licensees who are individuals are subject to denial of renewal of licensure if the individual is more than 30 days delinquent in complying with a child support order.
  - 4) Upon receipt and review of a complete application for license renewal, the Department shall conduct a survey. The Department shall renew the license in accordance with subsection (f) of this Section.

**Section 280.4020 Hospice Residence Admission and Discharge**

- a) A patient shall be admitted only after receiving a documented terminally ill medical prognosis from a physician that he/she has an anticipated life expectancy of six months or less; the patient or patient's representative has elected palliative care; the hospice that owns and operates the hospice residence has accepted the individual as a patient of the hospice program; and in-home care is not practical.
- b) Patients of mixed ages, adults, infants and children under 18 years of

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age, may be admitted provided that they meet all other facility admission requirements.

- c) Before a patient is admitted to a facility or at the expiration of the period of a previous contract, a written contract shall be executed between the facility and the patient or patient's representative. The contract shall specify the services that will or will not be provided. The contract shall specify the rights, duties and financial obligations of the patient and the facility.
- d) At the time of admission to the facility, a copy of the written contract shall be given to the patient and his/her representative.
- e) Facilities shall ensure that all forms, agreements and signage that carry information significant to the patient are available and worded so as not to be confusing to the reader.
- f) A facility shall not admit more patients than the number authorized by the license issued to it.

#### Section 280.4030 Hospice Residence Nursing Care and Assistance in Activities of Daily Living

- a) Through the hospice care team, the agency shall be responsible for preparing, revising, documenting and implementing a single individual care plan for each patient.
- b) Nursing care and assistance with activities of daily living shall be provided to each patient to meet the total care needs of the patient as determined by the care plan.
- c) The agency shall provide a sufficient number of properly trained and supervised staff to meet the needs of each patient. At least two staff, one of whom is a nurse, must be on duty when patients are present. If one of the staff is not a registered nurse, a registered nurse must be on call.
- d) Assistance with activities of daily living shall include, but not be limited to, the following:
  - 1) Each patient shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.
  - 2) Each patient shall have at least one complete bath and hair wash weekly, if physically able to tolerate, and as many additional baths and hair washes as necessary for satisfactory personal hygiene and comfort.
  - 3) Each patient shall have clean, suitable clothing in order to be comfortable, sanitary, and free of odors.
  - 4) Each patient shall have clean bed linens at least twice weekly and more often as necessary.
- e) Patients shall be encouraged to administer their own medications. If a patient or family member cannot administer the medications, administration shall be by licensed medical or licensed nursing personnel in accordance with their respective licensing requirements.
- f) Facilities shall develop and adhere to written medication policies and

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procedures addressing the procurement, storage, dispensing, administration and disposal of medications in compliance with federal, State and local regulations and the following:

- 1) A statement of who will administer medications, how the staff will supervise self-administration of medications, whether medications will be self-administered or a combination of staff and self-administration.
- 2) How the distribution and storage of medications will be handled.
- 3) If the facility has staff-administered, and family or self-administered medications, the care plan shall specify who will determine which system each patient will use.
- 4) Procedures for recording medications that patients are taking.
- 5) Procedures for storage of prescription and nonprescription medications.
- 6) Method for refrigeration of biologicals.
- 7) Procedures for labeling medications.
- g) Physicians' Orders & Telephone Orders
  - 1) All medications shall be ordered by a physician. The order shall have the handwritten signature of the physician. The order will contain the name of the drug, dose, route and frequency.
  - 2) Telephone orders may be taken by a registered nurse. All such orders shall be immediately written in the client's medical plan of care record or a "telephone order form" and signed by the nurse taking the order. These orders shall be countersigned by the physician within 10 working days.
  - 3) Physicians' orders may be faxed.
- h) All medications to be released to the patient or to the person responsible for the patient's care at the time of discharge, or when the patient is going to be temporarily out of the facility at medication time, shall be approved by the physician. A notation concerning their disposition shall be made in the patient's medical plan of care.
- i) All Schedule II controlled substances shall be stored so that two separate locks using two different keys must be unlocked to obtain these substances. This may be accomplished by several methods, such as a locked cabinet within a locked medicine room; separately locked, securely fastened boxes (or drawers) within a locked medicine cabinet; locked portable medication carts that are stored in a locked medicine room when not in use; portable medication carts containing a separate locked area within the locked medication cart when such a cart is made immobile; or securely fastened boxes (or drawers) within a locked cabinet in the patient's room.
- j) For all Schedule II substances, a controlled substance record shall be maintained that lists on separate sheets, for each type and strength of Schedule II substance, the following information: date, time administered, name of client, dose, physician's name, signature of person administering dose and number of doses remaining.
- k) Discontinued medications and medications of patients who have been



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discharged or who have died shall be disposed of in accordance with written policies and procedures. Medications for patients who have been temporarily transferred to home or hospital shall be kept in the facility until such time as the patient dies or is discharged from the facility. All expired medications shall be disposed of in accordance with written policies and procedures.

- 1) Medications for each patient shall be kept and stored in the containers in which they were originally received. Medications shall not be transferred between containers, except that a licensed nurse may remove medications from original containers and place them in other containers to be sent with the patient when the patient will be out of the facility at the time of scheduled administration of medications.
- m) Medications prescribed for one patient shall not be administered to another patient.
- n) If for any reason a physician's medication order cannot be followed, the physician shall be notified as soon as it is reasonable, depending upon the situation, and a notification made in the patient's plan of care.
- o) Medication errors and drug reactions shall immediately be reported to the patient's physician. An entry thereof shall be made in the patient's medical record, and the error or reaction shall also be described in a separate report.
- p) Patients for whom the attending physician has given permission to be totally responsible for their own medication shall maintain possession of the key or combination of the lock to their own medication storage area. A duplicate key or a copy of the combination shall be kept by the facility in a secure place, for emergency use.

**Section 280.4040 Hospice Residence Operational Requirements**

- a) A supply of clean linen, washcloths and towels, available at all times and adequate for the number of residents, shall be provided. Storage, handling, processing and transportation of clean and soiled linen shall prevent cross-contamination and odors.
- b) Nutritional Issues  
If the integrated care plan identifies that client intake of adequate nutrition or hydration is a problem, a plan shall be developed that is consistent with the patient's advance directives or the patient's stated choices as noted in the clinical record.
- c) Meal Service  
Meals shall be scheduled in accordance with times customary in the community. Care shall be taken to ensure a variety of menus that recognize client preferences.
- d) Food Service Sanitation  
1) Food shall be free from spoilage, filth, and other contamination, and shall be safe for human consumption. Scheduled meals must be prepared in an inspected food service establishment.

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- 2) Food must be protected from potential contamination while being stored, prepared, served, or transported. Potentially hazardous food shall be maintained at temperature in accordance with Section 750.10 of the Food Service Sanitation Code (77 Ill. Adm. Code 750).
- 3) Adequate refrigeration facilities and hot food storage facilities shall be provided to assure the maintenance of food at the required temperature during storage.
- 4) No person shall work in food service while infected with a disease in a communicable form that can be transmitted by foods, or who is a carrier of organisms that cause such a disease, or while afflicted with a boil or infected wound or an acute respiratory infection.
- 5) Staff shall wash their hands thoroughly with soap and warm water before starting work, during work as often as necessary to keep them clean, and after smoking, eating, drinking, or using the toilet. Staff shall not use tobacco in any form while engaged in food preparation or service nor while in any equipment or utensil washing or food preparation area.
- 6) Food contact surfaces shall be easily cleanable, smooth, free of breaks, open seams, cracks, chips, pits, and similar imperfections, and free of difficult to clean internal corners and crevices. Nonfood contact surfaces of equipment shall be designed and fabricated to be smooth, washable, free of unnecessary ledges, projections, or crevices, and shall be of such material and in such repair as to be easily maintained in a clean, sanitary condition. Food contact and nonfood contact surfaces shall be maintained in a clean condition.
- 7) Equipment and utensils shall be washed, rinsed, and sanitized after each use. For manual cleaning and sanitizing, items will be washed in a hot detergent solution, rinsed with clear water, and sanitized by one of the following methods:
  - A) immersion for at least one-half minute in clean, hot water of at least 170° F; or
  - B) immersion for at least one minute in a clean solution of at least 50 parts per million of available chlorine as a hypochlorite and having a temperature of at least 75° F; or
  - C) immersion for at least one minute in a clean solution containing at least 12.5 parts per million of available iodine and having a pH not higher than 5.0 and a temperature of at least 75° F; or
  - D) immersion in a clean solution containing any other chemical sanitizing agent allowed under 21 CFR 178.1010 that will provide the equivalent bactericidal effect of a solution containing at least 50 parts per million of available chlorine as a hypochlorite and having a temperature of at least 75° F for one minute.
- 8) Mechanical cleaning and sanitizing may be done by spray-type or

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immersion dishwashing machines, or by any other type of machine or device demonstrated to thoroughly clean and sanitize equipment and utensils. Machines shall be installed and maintained in good repair, and shall be operated in accordance with the manufacturer's instructions. The final sanitizing rinse shall be at least 180° F or equivalent. Refer to the Food Service Sanitation Code, Section 750.830(h), for specifics on mechanical sanitizing.

- 9) Utensils shall be air dried before being stored or shall be stored in a self-draining position.
- 10) Garbage and refuse shall be kept in durable, easily cleanable insect and rodent proof containers that do not leak or absorb liquid.
- 11) The facility shall be kept in such a condition as to prevent the harborage or feeding of insects and rodents. Screen doors shall be self-closing, and screening material shall not be less than 16 mesh to the inch.
- 12) Floors, floor coverings, walls, and ceilings shall be easily cleanable and maintained in good repair.
- 13) Poisonous or toxic materials shall be properly labeled. Insecticides and rodenticides and detergents, sanitizers, and other cleaning agents shall be stored physically separate from each other and not stored above or intermingled with food, food equipment, and utensils.

## e) Physical Plant Requirements

- 1) New hospice residences shall submit drawings for the proposed facility for review by the Department, which shall be in compliance with the requirements of the National Fire Protection Association (NFPA) Standard No. 101 (1994), "Life Safety Code" Chapter 22 "Board and Care Homes, Impractical Evacuation Capabilities."
- 2) Existing hospice residences shall comply with the requirements of the National Fire Protection Association (NFPA) Standard No. 101 (1994) "Life Safety Code" Chapter 23 "Board and Care Homes, Impractical Evacuation Capabilities."
- 3) Each facility shall be in full compliance with local building codes and fire safety/protection requirements.
- 4) Exits shall not be blocked.
- 5) The following patient areas must be designed and equipped for the comfort and privacy of each patient and family members:
  - A) Physical space for private patient/family visiting;
  - B) Accommodations for family members to remain with the patient throughout the night;
  - C) Accommodations for family privacy after a patient's death;
  - D) A living room with a minimum area of 10 square feet per resident bed; and
  - E) A dining room with a minimum area of 10 square feet per resident bed.

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- 6) Decor shall be homelike in design and function.
- 7) Not more than two people shall share a bedroom. No room commonly used for other purposes, including, but not limited to, a hall, stairway, attic, garage, storage area, shed or similar detached building, shall be used as a sleeping room for any client.
- 8) The patient rooms shall be designed and equipped for adequate nursing care and the comfort and privacy of patients and shall comply with the following:
  - A) Be equipped with or conveniently located near toilet and bathing facilities;
  - B) Be at or above grade level;
  - C) Contain a suitable bed for each patient and other appropriate furniture;
  - D) Have closet space that provides security and privacy for clothing and personal belongings;
  - E) Contain no more than 2 beds;
  - F) Measure at least 100 square feet for a single patient room or 80 square feet for each patient in a multi-patient room; and
  - G) Be equipped with a device for calling the staff member on duty.
- 9) Toilets and bathroom facilities shall be conveniently located. At least one toilet, washbasin, and bathtub or shower shall be provided per six clients. If the bathing area or toilet room contains more than one of each fixture, a means of allowing individual privacy shall be provided. Toilets and bathroom facilities shall be designed to provide the following:
  - A) An adequate supply of hot water at all times for patient use; and
  - B) Plumbing fixtures with control valves that automatically regulate the temperature of the hot water used by patients.
- 10) Isolation areas. The hospice must make provisions for isolating patients with infectious diseases.
- 11) Garbage shall be disposed of in accordance with State and local requirements. Potentially infectious medical wastes shall be disposed of in accordance with State and local requirements. All solid waste shall be handled in the facility to prevent transmission of disease. Sharps must be stored and disposed of in rigid, puncture-resistant containers.
- 12) Water supply, sewage disposal and plumbing systems shall comply with all applicable State and local codes and ordinances.
- 13) Hospice residences shall be limited to 16 resident beds.

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1) Heading of the Part: Violent Injury Reporting Code2) Code Citation: 77 Ill. Adm. Code 5603) Section Numbers: Proposed Action:

560.100	New Section
560.110	New Section
560.120	New Section
Appendix A	New Section
Appendix B	New Section

4) Statutory Authority: Section 55.80 of the Civil Administrative Code of Illinois [20 ILCS 2310/55.80]

5) A Complete Description of the Subjects and Issues Involved: These rules are being proposed to implement P.A. 89-242 (effective August 4, 1995), which states that the Department of Public Health shall require hospitals and other facilities in the State to report each injury allegedly caused by a violent act. The Department is required to coordinate this reporting with existing reporting requirements such as trauma and head and neck injury reporting to reduce duplication of reporting. These rules coordinate reporting requirements with those in the Head and Spinal Cord Injury Code (77 Ill. Adm. Code 550).

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of this notice in the Illinois Register.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No7) Does this Rulemaking Contain an Automatic Repeal Date? No8) Does this Rulemaking Contain Any Incorporations By Reference? Yes9) Are there any other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking will require reporting facilities to submit data on violent injuries to the Illinois Department of Public Health.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the Illinois Register to:

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Ms. Gail M. Devito  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson Fifth Floor  
Springfield, Illinois 62761  
(217/782-2043)

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. Devito at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Hospitals, ambulatory surgical treatment centers, freestanding emergency centers

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: Required reporting procedures are set forth in the proposed rules

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1997

The full text of the Proposed Rules begins on the next page:



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## TITLE 77: PUBLIC HEALTH

## CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

## SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

## PART 560

## VIOLENT INJURY REPORTING CODE

## Section

560.100 Definitions

560.110 Incorporated and Referenced Materials

560.120 Reporting Requirements

## APPENDIX A External Causes of Injury

## APPENDIX B Head and Spinal Cord Injury/Violent Injury Reporting

**AUTHORITY:** Implementing and authorized by Section 55.80 of the Civil Administrative Code of Illinois [20 ILCS 2310/55.80].

**SOURCE:** Adopted at 21 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 560.100 Definitions

The definitions listed in this Section apply to this Part.

"Department" means the Department of Public Health.

"Hospital" has the meaning ascribed to that term in the Hospital Licensing Act [210 ILCS 85].

"Reporting facility" means a hospital licensed under the Hospital Licensing Act or University of Illinois Hospital Act [110 ILCS 330]; ambulatory surgical treatment centers licensed under the Ambulatory Surgical Treatment Center Licensing Act [210 ILCS 5]; and freestanding emergency centers licensed under the Emergency Medical Services (EMS) Systems Act [210 ILCS 50]. Physicians and dental offices are excluded.

"Violent injury" means any injury listed in Appendix A of this Part.

## Section 560.110 Incorporated and Referenced Materials

a) The following standards are incorporated in this Part:

International Classification of Diseases, 9th Revision  
Clinical Modification (ICD-9-CM)  
Alphabetic Index to External Causes of Injury (E-Code)  
Second Printing (1980)

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World Health Organization, Geneva Switzerland and National Center for Health Statistics  
Published by Edward Brothers, Inc.  
1968 Green Road

Ann Arbor, Michigan 48105

b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

c) The following statutes are referenced in this Part:

- 1) Hospital Licensing Act [210 ILCS 85]
- 2) University of Illinois Hospital Act [110 ILCS 330]
- 3) Ambulatory Surgical Treatment Center Act [210 ILCS 5]
- 4) Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

## Section 560.120 Reporting Requirements

a) The Department shall establish and maintain an information registry and reporting system for the purpose of data collection on violent injuries to persons of this State.

b) Each reporting facility must report the information specified in subsection (c) of this Section using either:

- 1) computerized software supplied by the Department. The reporting facility must supply a 486 microprocessor, 32 megabytes of Random Access Memory (RAM), adequate hard drive disk space to accommodate the reporting facility's data files and needs, at least a 14.4 kilobytes per second (kbs) modem, color monitor, printer and back-up capabilities; or
- 2) a paper form for each reportable case. The master format will be provided by the Department and will be reproduced by the reporting facility. (See Appendix B.)

c) All reporting facilities shall provide the following information quarterly on each patient diagnosed with an injury that is allegedly caused by an External Cause of Injury. (See Appendix A.)

- 1) Hospital name;
- 2) Hospital code number;
- 3) Pre-Hospital code number;
- 4) Crash number;
- 5) Medical record number;
- 6) Arrival date;
- 7) Birthdate;
- 8) Age in years;
- 9) Sex;
- 10) Race;
- 11) Injury date;
- 12) Federal Information Processing Standard (FIPS) Scene;
- 13) Scene address;
- 14) FIPS home;
- 15) Home city;

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- 16) E-Code 849 (place of injury);  
 17) E-Code (external cause of injury);  
 18) Work related;  
 19) Safety equipment;  
 20) Alcohol;  
 21) Drugs;  
 22) Glasgow Score (total);  
 23) Respiratory rate;  
 24) Respiratory status;  
 25) Disposition;  
 26) Nature of injury codes;  
 27) Discharge disposition;  
 28) Facility out (facility to which the patient was transferred);  
 29) Billed charges; and  
 30) Primary payment source.
- d) The following information shall be reported only if the patient has an in-patient stay at the reporting facility:  
 1) Facility out (facility to which the patient was transferred);  
 2) Hospital days;  
 3) Expression;  
 4) Locomotion;  
 5) Rehabilitation potential.
- e) The reporting schedule is as follows:
- | Discharge          | Due Date     |
|--------------------|--------------|
| January - March    | June 30      |
| April - June       | September 30 |
| July - September   | December 31  |
| October - December | March 31     |

## Section 560.APPENDIX A External Causes of Injury

E922 Accident Caused by firearm missile

- E922.0 Handgun  
 E922.1 Shotgun (automatic)  
 E922.2 Hunting rifle  
 E922.3 Military firearms  
 E922.8 Other specified firearm missile  
 E922.9 Unspecified firearm missile

E950 Suicide and self-inflicted poisoning by solid or liquid substances

- E950.0 Analgesics, antipyretics, and antirheumatic  
 E950.1 Barbituates  
 E950.2 Other sedatives and hypnotics  
 E950.3 Tranquillizers and other psychotropic agents  
 E950.4 Other specified drugs and medicinal substances  
 E950.5 Unspecified drug or medicinal substance

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- E950.6 Agricultural and horticultural chemical and pharmaceutical preparations other than plant food  
 E950.7 Corrosive and caustic substances  
 E950.8 Arsenic and its compounds  
 E950.9 Other and unspecified solid and liquid substances
- E951 Suicide and self-inflicted poisoning by gases in domestic use
- E951.0 Gas distributed by pipeline  
 E951.1 Liquefied petroleum gas distributed in mobile containers  
 E951.8 Other utility gas
- E952 Suicide and self-inflicted poisoning by other gases and vapors
- E952.0 Motor vehicle exhaust gas  
 E952.1 Other carbon monoxide  
 E952.8 Other specified gases and vapors  
 E952.9 Unspecified gases and vapors
- E953 Suicide and self-inflicted injury by hanging, strangulation, and suffocation
- E953.0 Hanging  
 E953.1 Suffocation by plastic bag  
 E953.8 Other specified means  
 E953.9 Unspecified means
- E954 Suicide and self-inflicted injury by submersion (drowning)
- E955 Suicide and self-inflicted injury by firearms and explosives
- E955.0 Handgun  
 E955.1 Shotgun  
 E955.2 Hunting rifles  
 E955.3 Military firearms  
 E955.4 Other and unspecified firearms  
 E955.5 Explosives  
 E955.9 Unspecified
- E956 Suicide and self-inflicted injury by cutting and piercing instruments
- E957 Suicide and self-inflicted injury by jumping from high place
- E957.0 Residential premises  
 E957.1 Other man-made structures  
 E957.2 Natural sites  
 E957.9 Unspecified
- E958 Suicide and self-inflicted injury by other and unspecified means

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E958.0 Jumping or lying before moving object  
 E958.1 Burns, fire  
 E958.2 Scald  
 E958.3 Extremes of cold  
 E958.4 Electrocution  
 E958.5 Crashing of motor vehicle  
 E958.6 Crashing of aircraft  
 E958.7 Caustic substances, except poisoning  
 E958.8 Other specified means  
 E958.9 Unspecified means

E960 Fight, brawl, rape

E960.0 Unarmed fight or brawl  
 E960.1 Rape

E961 Assault by corrosive or caustic substance, except poisoning

E962 Assault by poisoning

E962.0 Drugs and medicinal substances  
 E962.1 Other solid and liquid substances  
 E962.2 Other gases and vapors  
 E962.9 Unspecified poisoning

E963 Assault by hanging and strangulation

E964 Assault by submersion (drowning)

E965 Assault by firearms and explosives

E965.0 Handgun  
 E965.1 Shotgun  
 E965.2 Hunting rifle  
 E965.3 Military firearms  
 E965.4 Other and unspecified firearm  
 E965.5 Antipersonnel bomb  
 E965.6 Gasoline bomb  
 E965.7 Letter bomb  
 E965.8 Other specified explosive  
 E965.9 Unspecified explosive

E966 Assault by cutting and piercing instruments

E967 Child battering and other maltreatment

E967.0 By parent  
 E967.1 By other specified person  
 E967.9 By unspecified person

E968 Assault by other and unspecified means

E968.0 Fire  
 E968.1 Pushing from a high place  
 E968.2 Striking by blunt or thrown object  
 E968.3 Hot liquid  
 E968.4 Criminal neglect  
 E968.5 Transport vehicle  
 E968.8 Other specified means  
 E968.9 Unspecified means

E970 Injury due to legal intervention by firearms

E971 Injury due to legal intervention by explosives

E972 Injury due to legal intervention by gas

E973 Injury due to legal intervention by blunt object

E974 Injury due to legal intervention by cutting or piercing instrument

E975 Injury due to legal intervention by other specified means

E976 Injury due to legal intervention unspecified means

E980 Poisoning by solid or liquid substances, undetermined whether accidentally or purposely inflicted

E980.0 Analgesics, antipyretics, and antirheumatic  
 E980.1 Barbituates  
 E980.2 Other sedatives and hypnotics  
 E980.3 Tranquilizers and other psychotropic agents  
 E980.4 Other specified drugs and medicinal substances  
 E980.5 Unspecified drug or medicinal substance  
 E980.6 Corrosive and caustic substances  
 E980.7 Agricultural and horticultural chemical and pharmaceutical preparations other than plant food and fertilizers  
 E980.8 Arsenic and its compounds  
 E980.9 Other and unspecified solid and liquid substances

E981 Poisoning by gases in domestic use, undetermined whether accidentally or purposely inflicted

E981.0 Gas distributed by pipeline  
 E981.1 Liquefied petroleum gas distributed in mobile containers  
 E981.8 Other utility gas

E982 Poisoning by other gases, undetermined whether accidentally or purposely inflicted



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- E982.0 Motor vehicle exhaust gas  
 E982.1 Other carbon monoxide  
 E982.8 Other specified gases and vapors  
 E982.9 Unspecified gases and vapors
- E983 Hanging, strangulation, and suffocation undetermined whether accidentally or purposely inflicted
- E983.0 Hanging  
 E983.1 Suffocation by plastic bag  
 E983.8 Other specified means  
 E983.9 Unspecified means
- E984 Submersion (drowning), undetermined whether accidentally or purposely inflicted
- E985 Injury due to firearms and explosives, undetermined whether accidentally or purposely inflicted
- E985.0 Handgun  
 E985.1 Shotgun  
 E985.2 Hunting rifles  
 E985.3 Military firearms  
 E985.4 Other and unspecified firearms  
 E985.5 Explosives
- E986 Injury by cutting and piercing instrument, undetermined if accidentally or purposely inflicted
- E987 Falling from high place, undetermined whether accidentally or purposely inflicted
- E987.0 Residential premises  
 E987.1 Other man-made structures  
 E987.2 Natural sites  
 E987.9 Unspecified site
- E988 Injury by other and unspecified means, undetermined whether accidentally or purposely inflicted
- E988.0 Jumping or lying before moving object  
 E988.1 Burns, fire  
 E988.2 Scald  
 E988.3 Extremes of cold  
 E988.4 Electrocution  
 E988.5 Crashing of motor vehicle  
 E988.6 Crashing of aircraft  
 E988.7 Caustic substances, except poisoning  
 E988.8 Other specified means

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E988.9 Unspecified means

## Section 560.APPENDIX B Head and Spinal Cord Injury/Violent Injury Reporting

## PART 1

Hospital Name	code
Prehospital Number	NA Unk
Crash Number	NA Unk
Med. Record Number	NA Unk
Patient Name	last, first, initial
ED Arrival Date	___/___/___ (mo/dd/yy)
Birthdate	___/___/___ (mo/dd/yy)
Age in years	___/___/___ (0 = <1 yr) Fetus
Sex	Unk F M
Race*	Unk 1 White 2 Black 3 WHisp 4 BHisp 5 AmerI 6 Paci 7 Asian 8 Other
Injury Date	Unk ___/___/___ (mo/dd/yy)
FIPS Scene	Unk ___/___/___
Scene Address	
FIPS Home	Unk ___/___/___
Home City	
E-Code 849	NA Unk E ___/___
E-Code	Unk E ___/___
Work Related	Unk Y N
Safety Equipment*	NA Unk 1 None 2 Belt/Harness 3 Bag/Belt 4 Bag Only 5 Child Seat 6 Helmet 7 ProClothes 8 Other

\* See Instruction Book for table detail

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

\*\* Not applicable to Head and Spinal Cord Reporting  
\*\*\* For Violent Injury Reporting will only be included if the patient had an in-patient stay

## ILLINOIS REGISTER

## DEPARTMENT OF PUBLIC HEALTH

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PART 2

Alcohol      NA      Unk      . /

Drugs\*      NA      Unk      N Y    Amph    Barb    Benz  
                                 Coc    Meth    Opiate    PCP

Glasgow Total      NA      Unk      /

Systolic BP      NA      Unk      / /

Resp. Rate      NA      Unk      / /

Resp. Rate Status      NA      Unk      1    Vent.      2    Intub.      3    Both

Disposition      NA      1    Home\*\*    2    AMA    3    Obser    4    Floor  
                                 5    SDown    6    ICU    7    OR    8    Txf    9    Death

NCode 1      / / .

NCode 2      / / .

NCode 3      / / .

NCode 4      / / .

NCode 5      / / .

Discharge Disp\*      1    Home\*\*    2    AMA    3    ACareF  
                                 4    InPtRehab    5    SkCare    6    ResFac  
                                 7    Expired

Facility Out\*\*\*      NA      Unk      / / /

Hospital Days\*\*\*      NA      / / /      (000 - <1 day)

Expression\*\*\*      NA      Unk      1DTH      2DPH      3ID      4I \*

Feeding\*\*\*      NA      Unk      1DTH      2DPH      3ID      4I \*

Locomotion\*\*\*      NA      Unk      1DTH      2DPH      3ID      4I \*

Rehab Potential\*\*\*      NA      Unk      1    Poor      2    Fair      3    Good

Billed Charges      Unk      \$      / / / / /

Primary Payment Source      Unk      (Use Code A - J or V\*)

\* See Instruction Book for table detail

## DEPARTMENT OF AGRICULTURE

## NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Meat and Poultry Inspection Act

2) Code Citation: 8 Ill. Adm. Code 125

3) Section Numbers: Adopted Action:

125.10 Amended  
 125.20 Amended  
 125.30 Amended  
 125.40 Amended  
 125.50 Amended  
 125.60 Repealed  
 125.80 Amended  
 125.90 Amended  
 125.100 Amended  
 125.110 Amended  
 125.120 Amended  
 125.130 Amended  
 125.140 Amended  
 125.141 New Section  
 125.142 New Section  
 125.143 New Section  
 125.150 Amended  
 125.160 Amended  
 125.170 Amended  
 125.180 Amended  
 125.190 Amended  
 125.200 Amended  
 125.210 Amended  
 125.220 Amended  
 125.230 Amended  
 125.240 Amended  
 125.250 Amended  
 125.260 Amended  
 125.270 Amended  
 125.280 Amended  
 125.290 Amended  
 125.295 Repealed  
 125.300 Amended  
 125.305 Amended  
 125.310 Amended  
 125.320 Amended  
 125.330 Amended  
 125.340 Amended  
 125.350 Amended  
 125.360 Amended  
 125.370 Amended  
 125.380 Amended  
 125.390 Amended

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125.400 Amended  
 125.410 Amended

4) Statutory Authority: Meat and Poultry Inspection Act [225 ILCS 650] and Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].

5) Effective Date of amendments: August 1, 1997

6) Does this rulemaking contain an automatic repeal date? No

7) Does this proposed amendment contain incorporations by reference? Yes

8) Date Filed in Agency's Principal Office: August 1, 1997

9) Notice of Proposal Published in Illinois Register: April 4, 1997, 21 Ill. Reg. 4067

10) Has JCAR issued a Statement of Objections to these rules? No

11) Differences between proposal and final version: The Department added amendments made by the Food Safety and Inspection Service, U.S. Department of Agriculture, to their "Pathogen Reduction; Hazard Analysis and Critical Control Point (HACCP) Systems" final rule (originally published at 61 FR 38806, July 25, 1996; amended at 62 FR 26211, May 13, 1997). Those sections affected are: Sections 125.141, 125.180, 125.200, and 125.360.

Section 125.20(c) was clarified at the request of JCAR concerning USDA guidelines and procedures adopted by reference by the Meat and Poultry Inspection Act [225 ILCS 650/16.1].

A peremptory amendment (62 FR 5139) that was adopted by the Department on May 20, 1997 was added to Sections 125.340 and 125.360.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency amendment in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of amendments: Most of the sections in this rulemaking are being updated to reference the 1997 edition of the Code of Federal Regulations, Title 9.

Several "housekeeping" amendments are made throughout these rules: Section 125.20 clarifies and updates information; a clarification is made in Section 125.80 concerning the approval of overtime; amendments are made to correct CFR and statutory references and update federal form numbers in



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several sections; information concerning administrative hearings has been deleted from the rules as this information is referenced in the statute.

In order to maintain an "equal to" status with the federal meat and poultry products inspection program as required by the Federal Meat Inspection Act and the Federal Poultry Products Inspection Act and in compliance with Section 16 of the Meat and Poultry Inspection Act, the Department is adopting changes in federal rules that were printed in the July 25, 1996 Federal Register, 61 FR 38806. These amendments include:

- (1) Inspected meat and poultry establishments must develop and implement written sanitation standard operating procedures.
- (2) Regular microbial testing by slaughter establishments will be required to verify the adequacy of process controls for the prevention and/or removal of contamination with pathogens.
- (3) Slaughter establishments and establishments producing raw ground products must meet established pathogen reduction performance standards for Salmonella.
- (4) All meat and poultry establishments must develop and implement a system of preventive controls designed to improve the safety of their products, known as Hazard Analysis and Critical Control Points (HACCP).

16) Information and questions regarding these adopted amendments shall be directed to:

Name: Debbie Wakefield  
Address: Illinois Department of Agriculture  
State Fairgrounds  
Springfield, Illinois 62794-9281  
Telephone: 217/785-5713  
Facsimile: 217/785-4505

The full text of Adopted Amendments begins on the next page:

DEPARTMENT OF AGRICULTURE  
NOTICE OF ADOPTED AMENDMENTS  
TITLE 8: AGRICULTURE AND ANIMALS  
CHAPTER I: DEPARTMENT OF AGRICULTURE  
SUBCHAPTER c: MEAT AND POULTRY INSPECTION ACT  
PART 125  
MEAT AND POULTRY INSPECTION ACT  
SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR POULTRY INSPECTION

Section	
125.10	Definitions
125.20	Incorporation by Reference of Federal Rules
125.30	Application for License; Approval
125.40	Official Number
125.50	Inspections; Suspension or Revocation of License
125.60	Administrative Hearings; Appeals (Repealed)
125.70	Assignment and Authority of Program Employees
125.80	Schedule of Operations; Overtime
125.90	Official Marks of Inspection, Devices and Certificates
125.100	Records and Reports
125.110	Exemptions
125.120	Disposal of Dead Animals and Poultry
125.130	Reportable Animal and Poultry Diseases
125.140	Detention; Seizure; Condemnation
125.141	Sanitation Standard Operating Procedures (SOP's)
125.142	Hazard Analysis and Critical Control Point (HACCP) Systems
125.143	Imported Products

SUBPART B: MEAT INSPECTION

Section	
125.150	Livestock and Meat Products Entering Official Establishments
125.160	Equine and Equine Products
125.170	Facilities for Inspection
125.180	Sanitation
125.190	Ante-Mortem Inspection
125.200	Post-Mortem Inspection
125.210	Disposal of Diseased or Otherwise Adulterated Carcasses and Parts
125.220	Humane Slaughter of Animals
125.230	Handling and Disposal of Condemned or Other Inedible Products at Official Establishment
125.240	Rendering or Other Disposal of Carcasses and Parts Passed for Cooking
125.250	Marking Products and Their Containers
125.260	Labeling, Marking and Containers
125.270	Entry into Official Establishment; Reinspection and Preparation of Product
125.280	Meat Definitions and Standards of Identity or Composition

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125.290 Transportation  
 125.295 Imported Products (Repealed)  
 125.300 Special Services Relating to Meat and Other Products  
 125.305 Exotic Animal Inspection

## SUBPART C: POULTRY INSPECTION

Section  
 125.310 Application of Inspection  
 125.320 Facilities for Inspection  
 125.330 Sanitation  
 125.340 Operating Procedures  
 125.350 Ante-Mortem Inspection  
 125.360 Post-Mortem Inspection; Disposition of Carcasses and Parts  
 125.370 Handling and Disposal of Condemed or Inedible Products at Official Establishments  
 125.380 Labeling and Containers  
 125.390 Entry of Articles Into Official Establishments; Processing Inspection and Other Reinspections; Processing Requirements  
 125.400 Definitions and Standards of Identity or Composition  
 125.410 Transportation; Sale of Poultry or Poultry Products

AUTHORITY: Implementing and authorized by the Meat and Poultry Inspection Act [225 ILCS 650] and Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].

SOURCE: Adopted at 9 Ill. Reg. 1782, effective January 24, 1985; peremptory amendment at 9 Ill. Reg. 2337, effective January 28, 1985; peremptory amendment at 9 Ill. Reg. 2980, effective February 20, 1985; peremptory amendment at 9 Ill. Reg. 4856, effective April 1, 1985; peremptory amendment at 9 Ill. Reg. 10102, 9240, effective June 5, 1985; peremptory amendment at 9 Ill. Reg. 11673, effective effective June 13, 1985; peremptory amendment at 9 Ill. Reg. 13748, effective August 23, July 17, 1985; peremptory amendment at 9 Ill. Reg. 15575, effective October 2, 1985; 1985; peremptory amendment at 9 Ill. Reg. 19759, effective December 5, 1985; peremptory amendment at 10 Ill. Reg. 447, effective December 23, 1985; peremptory amendment at 10 Ill. Reg. 1307, effective January 7, 1986; peremptory amendment at 10 Ill. Reg. 3318, effective January 24, 1986; peremptory amendment at 10 Ill. Reg. 3880, effective February 7, 1986; peremptory amendment at 10 Ill. Reg. 11478, effective June 25, 1986; peremptory amendment at 10 Ill. Reg. 14858, effective August 22, 1986; peremptory amendment at 10 Ill. Reg. 15305, effective September 10, 1986; peremptory amendment at 10 Ill. Reg. 16743, effective September 19, 1986; peremptory amendment at 10 Ill. Reg. 18203, effective October 15, 1986; peremptory amendment at 10 Ill. Reg. 19818, effective November 12, 1986; peremptory amendment at 11 Ill. Reg. 1696, effective January 5, 1987; peremptory amendment amendment at 11 Ill. Reg. 2930, effective January 23, 1987; peremptory amendment at 11 Ill. Reg. 9645, effective April 29, 1987; peremptory amendment at 11 Ill. Reg.

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10321, effective May 15, 1987; peremptory amendment at 11 Ill. Reg. 11184, effective June 5, 1987; peremptory amendment at 11 Ill. Reg. 14830, effective August 25, 1987; peremptory amendment at 11 Ill. Reg. 18799, effective November 3, 1987; peremptory amendment at 11 Ill. Reg. 19805, effective November 19, 1987; peremptory amendment at 12 Ill. Reg. 2154, effective January 6, 1988; amended at 12 Ill. Reg. 3417, effective January 22, 1988; peremptory amendment at 12 Ill. Reg. 4879, effective February 25, 1988; peremptory amendment at 12 Ill. Reg. 6313, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 6819, effective March 29, 1988; peremptory amendment at 12 Ill. Reg. 13621, effective August 8, 1988; peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988; peremptory amendment at 12 Ill. Reg. 20894, effective December 21, 1988; peremptory amendment at 13 Ill. Reg. 228, effective January 11, 1989; peremptory amendment at 13 Ill. Reg. 2160, effective February 13, 1989; amended at 13 Ill. Reg. 3696, effective March 13, 1989; peremptory amendment at 13 Ill. Reg. 15853, effective October 5, 1989; peremptory amendment at 13 Ill. Reg. 16838, effective October 11, 1989; peremptory amendment at 13 Ill. Reg. 17495, effective January 18, 1990; amended at 14 Ill. Reg. 3424, effective February 26, 1990; peremptory amendment at 14 Ill. Reg. 4953, effective March 23, 1990; peremptory amendment at 14 Ill. Reg. 11401, effective July 6, 1990; peremptory amendment at 14 Ill. Reg. 13355, effective August 20, 1990; peremptory amendment at 14 Ill. Reg. 16084, effective September 24, 1990; peremptory amendment at 14 Ill. Reg. 21060, effective May 29, 1991; peremptory amendment at 15 Ill. Reg. 620, effective January 2, 1991; peremptory amendment withdrawn at 15 Ill. Reg. 1574, effective January 2, 1991; peremptory amendment at 15 Ill. Reg. 3117, effective September 3, 1991; peremptory amendment at 15 Ill. Reg. 8714, effective May 29, 1991; amended at 15 Ill. Reg. 8801, effective June 7, 1991; peremptory amendment at 15 Ill. Reg. 13976, effective September 20, 1991; peremptory amendment at 16 Ill. Reg. 1899, effective March 2, 1992; amended at 16 Ill. Reg. 8349, effective May 26, 1992; peremptory amendment at 16 Ill. Reg. 11687, effective July 10, 1992; peremptory amendment at 16 Ill. Reg. 11963, effective July 22, 1992; peremptory amendment at 16 Ill. Reg. 12234, effective July 24, 1992; peremptory amendment at 16 Ill. Reg. 16337, effective October 19, 1992; peremptory amendment at 16 Ill. Reg. 17165, effective October 21, 1992; peremptory amendment at 17 Ill. Reg. 2063, effective February 12, 1993; peremptory amendment at 17 Ill. Reg. 15725, effective September 7, 1993; peremptory amendment at 17 Ill. Reg. 16238, effective September 8, 1993; peremptory amendment at 17 Ill. Reg. 18215, effective October 5, 1993; peremptory amendment at 18 Ill. Reg. 304, effective December 23, 1993; peremptory amendment at 18 Ill. Reg. 2164, effective January 24, 1994; amended at 18 Ill. Reg. 4622, effective March 14, 1994; peremptory amendment at 18 Ill. Reg. 6442, effective April 18, 1994; peremptory amendment at 18 Ill. Reg. 8493, effective May 27, 1994; amended at 18 Ill. Reg. 11489, effective July 7, 1994; peremptory amendment at 18 Ill. Reg. 12546, effective July 29, 1994; peremptory amendment at 18 Ill. Reg. 14475, effective September 7, 1994; amended at 18 Ill. Reg. 14924, effective September 26, 1994; peremptory amendment at 18 Ill. Reg. 15452, effective September 27, 1994; peremptory amendment at 19 Ill. Reg. 1342, effective January 27, 1995; peremptory amendment at 19 Ill. Reg. 4765, effective March 13, 1995; peremptory

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amendment at 19 Ill. Reg. 7067, effective May 8, 1995; peremptory amendment at 19 Ill. Reg. 14896, effective October 6, 1995; peremptory amendment at 19 Ill. Reg. 15766, effective November 10, 1995; peremptory amendment at 19 Ill. Reg. 16866, effective December 22, 1995; peremptory amendment at 20 Ill. Reg. 5091, effective March 19, 1996; peremptory amendment at 20 Ill. Reg. 10403, effective July 17, 1996; peremptory amendment at 20 Ill. Reg. 11928, effective September 1, 1996; peremptory amendment at 20 Ill. Reg. 12634, effective September 5, 1996; peremptory amendment at 20 Ill. Reg. 15371, effective November 13, 1996; peremptory amendment at 21 Ill. Reg. 1221, effective January 14, 1997; peremptory amendment at 21 Ill. Reg. 1719, effective January 28, 1997; peremptory amendment at 21 Ill. Reg. 6609, effective May 20, 1997; amended at 21 Ill. Reg. 11494, effective AUG 1 1997.

SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR  
POULTRY INSPECTION

## Section 125.10 Definitions

- a) Terms shall be as defined in 9 CFR 301, 303.1(d)(2), (ii), (iii) (a), (b), (d), (e) and (f), (iv), (v) and (vi), 381.1, 381.10(d)(2), (ii), (iii)(a), (b), (d), (iv), (v) and (vi), and 352.1(b) through (t) (1997) ~~1990--59--PR--625517--effective--January--57--1995~~, unless they are otherwise defined in the ~~Meat and Poultry Inspection Act [225 ILCS 650] [111--Rev--Stat--1989--ch--56--1/2--part--301--et--seq--as--amended--by--P-Ar--87-1657--effective--January--17-1992]~~ or in this Section as follows:

"Act" means the ~~Meat and Poultry Inspection Act [225 ILCS 650] [111--Rev--Stat--1989--ch--56--1/2--part--301--et--seq--as--amended--by--P-Ar--87-1657--effective--January--17-1992]~~.

"Approved veterinarian" means any person who has graduated from a veterinary college that is recognized by the American Veterinary Medical Association.

"Birds" shall mean poultry as defined in Section 2.7 of the Act.

"Condition" means any condition, including, but not being limited to, the state of preservation, cleanliness, or soundness of any product made from rabbits or the processing, handling, or packaging which may affect the wholesomeness of such product.

"Livestock" means cattle, sheep, swine, buffalo, catalo, cattalo, domestic deer, domestic elk, domestic antelope, domestic reindeer, water buffalo, and goats.

"Members of the household" means those persons who occupy a single family unit.

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- b) With regard to the definitions of consumer and similar type establishment, the Director has not designated any other type of establishment or institution under these terms other than those specifically stated in the incorporated language.
- c) With regard to the definitions of retail store, only those sections which are incorporated by reference as stated in Section 125.10(a) shall be included in the definition. References within the incorporated language to the section of the federal rules pertaining to operations of types traditionally and usually conducted at retail stores and restaurants refer to the operations defined in Section 5(A) of the Act. No product exempted from inspection in accordance with Section 5 of the Act shall be prepared in any retail store, restaurant or similar retail-type establishment.
- d) References in the incorporated language to 9 CFR 312 and 313 shall be interpreted as references to Sections 125.90 and 125.220 respectively. References to the Humane Methods and Slaughter Act of 1978 shall mean as set forth in Section 125.220.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.20 Incorporation by Reference of Federal Rules

- a) The federal rules that have been incorporated by reference in this Part do not include any future amendments, additions or deletions beyond the date specified.
- b) For the purpose of administering the federal rules:
- 1) References to U.S., U.S. Department of Agriculture, Animal and Plant Health Inspection Service or Food Safety and Inspection Service Standards and Labeling Division shall mean Illinois, Illinois Department of Agriculture, and the Bureau Division of Meat and Poultry-Poultry-and-bivestock inspection, respectively.
  - 2) References to federal personnel (e.g., Secretary, Administrator, Regional Director, Area Supervisor, Circuit Supervisor, and Program Employee) shall mean the Director and State Inspection personnel as defined in Sections 2.2, 2.13 and 2.14 302-137-302-2 and 302-14 of the Act. References to federal inspection in the incorporations by reference shall mean State inspection.
  - 3) Terms, including but not limited to, promptly, properly, adequately, sufficiently, acceptable, abundant, ample, and thoroughly are considered superfluous. Compliance with the expressed provisions of the Act and the rules of this Part will be deemed sufficient.
  - 4) References to Subchapter shall mean in accordance with provisions of this Part. References to the Federal Rules of Practice shall mean in accordance with the Illinois Administrative Procedure Act [5 ILCS 100] and the Department's administrative rules [8 Ill. Adm. Code 1]. Section-125-60: References within the incorporated



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language to other parts and sections of the Federal meat inspection or poultry inspection rules shall mean in accordance with those specific provisions as adopted in the rules of this Part. References within the incorporated language to other sections of the federal rules pertaining to equine-import-or-export requirements are not applicable in the Department's enforcement of the rules of this Part.

- 5) The Department has interpreted the language in the federal rules which refers to the Administrator making decisions "in specific cases" to mean that the Director Administrator shall take action based upon the circumstances in a particular case which warrants action to be taken other than as set forth in the rules. In taking such action, the Director Administrator shall consider factors, including but not limited to, the potential public health hazard created by the violation, safety hazard to the employees of the establishment or the inspector, the time needed to correct the violation, and the time needed to recall products in order to conduct laboratory analysis. Under no circumstances shall the Department waive statutorily mandated requirements.

- c) Section 16.1 of the Meat and Poultry Inspection Act [225 ILCS 650/16.1] the Department adopts by reference the guidelines and procedures as prepared and approved by the United States Department of Agriculture (USDA), Washington, D.C. The following documents are encompassed by that Section 16.1. The publications are effective on the date designated by the USDA and are available through the Department: as follows:

- 1) "U.S. Inspected Meat and Poultry Packing Plants, A Guide to Construction and Layout," Agriculture Handbook 570-~~(February 1981)~~.
- 2) "Meat and Poultry Inspection Manual," MPI-77-~~(December--1979)~~ with updates through ~~October--1984~~.
- 3) "Sanitation Handbook For Meat and Poultry Inspectors" ~~(July 1982)~~.
- 4) "Accepted Meat and Poultry Equipment," MPI-27-~~(September--1984)~~.
- 5) "List of Proprietary Substances and Nonfood Compounds," ~~Miscellaneous-Publication-Number-1419-(March-1984-and-July-1984)~~ supplement).

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.30 Application for License; Approval

- a) An application for license to operate an establishment or act as a broker shall be made in accordance with Section 3 of the Act. A fee as set forth in Section 3(b) of the Act shall accompany the license application.
- b) When there is a change in the ownership of the brokerage business or

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of the establishment or of any tenant or subsidiary of the licensee, a new application for license shall be submitted by the person desiring to operate the establishment or act as a broker in accordance with subsection (a) of this Section ~~Section-125-30(a)~~. If there has been no change in the facilities of the establishment as shown on the drawings and specifications required by subsection (c) of this Section ~~Section-125-30(c)~~ and the licensee so states in writing to the Department, copies of drawings and specifications shall not be required to accompany the new application for license. When there is a change in the facilities or location of any official establishment or broker, a new application for license shall be submitted by the licensee in accordance with subsections ~~Section-125-30~~ (a) and (c) of this Section.

- c) In the case of establishments handling meat and meat products, the Department incorporates by reference 9 CFR 304.2(a)(1) and (2) and 304.3 (1997 1998), and in case of establishments handling poultry and poultry products, the Department incorporates by reference 9 CFR 381.19(a)(2) through (5), (c), (d) and (g) and 381.22 (1997 1998)--57 PR-43588. If the establishment handles both meat and/or poultry or meat and/or poultry products, the establishment shall comply with both of the before-stated provisions. Except that in any case, the Department requests 3 copies of said drawings and specifications to accompany the application for license. The specification requirements are as set forth in Sections 125.170 and 125.180.

- d) The applicant for license to operate an establishment or act as a broker shall submit the following information to the Department on the application form:

- 1) Name and address and telephone number of the applicant.
- 2) Type of operation(s) the applicant will be performing (i.e., slaughter, processing, custom slaughter, meat broker, poultry broker, or meat and poultry broker).
- 3) The location of the establishment or brokerage business for which the license is requested.
- 4) The name and address of any tenant or subsidiary of the applicant that will be preparing meat and/or poultry or meat and/or poultry products at the establishment (if applicable).
- 5) Name of the establishment (trade name).
- 6) Legal entity of the applicant (e.g., individual, association, corporation) and the legal name of the business.
- 7) State where the corporation or association is incorporated and list of officers (if applicable).

- e) The applicant for license shall certify on the application for license that he/she shall comply with the Act and the rules of this Part. The applicant and any tenant or subsidiary of the applicant shall be responsible for compliance with the Act and rules of this Part.

- f) The slaughter or preparation of meat and/or poultry products at any official establishment shall be performed only by employees of the licensee or by employees of the tenant or subsidiary whose name was

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- submitted to the Department on the license application.
- g) Before issuing a license to operate an establishment an inspection shall be made of the establishment to determine compliance with Sections 125.50, 125.170 and 125.180. All labels shall be approved in accordance with Sections 125.90 and 125.260 before any meat and/or poultry or meat and/or poultry product is transported in commerce. The Director shall issue a license to act as a broker or to operate an establishment if the applicant is not in violation of Section 19 of the Act and the establishment is in compliance with the rules of this Part. If the applicant for license is denied, the procedure as set forth in Section 19(F) of the Act shall be followed. ~~The hearing rules are set forth in Section 125.60:~~
- h) Only one license to operate an official establishment shall be issued by the Department for each facility. The slaughter of meat and/or poultry or the preparation of meat and/or poultry products by any tenant or subsidiary of the licensee who is listed on the application form shall be construed as part of the official establishment for inspection purposes.

(Source: Amended AUG 1 1997 at 21 Ill. Reg. 11494, effective

## Section 125.40 Official Number

The Department incorporates by reference 9 CFR 305.1(a) (1997) (990).

(Source: Amended AUG 1 1997 at 21 Ill. Reg. 11494, effective

## Section 125.50 Inspections; Suspension or Revocation of License

- a) An official establishment shall be physically separated (e.g., permanent wall or separate building) from any other operations licensed by the Department (e.g., renderer or blender).
- b) The Department incorporates by reference 9 CFR 305.2(c), 305.3 and 381.26 (1997) (990). The sanitary conditions and adequate facilities referred to in the incorporated language shall mean that the conditions will be deemed sanitary if they are in compliance with Section 125.180 and facilities will be deemed adequate if they are in compliance with Section 125.170 (95-70).
- c) The Director shall suspend or revoke a license in accordance with the provisions of Section 19(E) of the Act. The Department shall follow the procedure set forth in Section 19(F) of the Act prior to suspending or revoking a license. ~~The hearing rules are as set forth in Section 125.60.~~ The Department will suspend a license until the violation is corrected and brought into compliance with the Act or rules of this Part. The Department will revoke a license for repeated violations of the Act or the rules of this Part. In deciding to

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revoke a license, the Department shall consider factors pertinent to the case, such as the number of violations involved, the number of previous violations of the establishment, the nature of the violation(s) (e.g., public health hazard, bribery, and misuse of official legends or marks) and its severity.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.60 Administrative Hearings; Appeals (Repealed)

- a) All decisions and actions of the Department are subject to the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001.1 et seq.) and the Department's Administrative Rules (6-117-Adm. Code) which pertain to administrative hearings, petitions, contested cases, declaratory rulings and availability of Department files for public access. Administrative hearings are governed by the Illinois Administrative Procedure Act, Subpart B of the Department's Administrative Rules, and Section 19(p) of the Meat and Poultry Inspection Act.
- b) Any appeal from a decision of an inspector shall be made either orally or in writing to the regional supervisor. Any appeal from a decision of a regional supervisor shall be made either orally or in writing to the Bureau Chief, Bureau of Meat and Poultry Inspection, Division of Animal Industries, Department of Agriculture, Springfield, Illinois 62794-9281 (217/783-6684). The regional supervisor or the Bureau Chief shall respond to an appeal within 72 hours from the time the appeal is received or the appellant may proceed to the next higher level of appeal. Any appeal from a decision of the Bureau Chief shall be made in writing to the Superintendent, Division of Animal Industries and an administrative hearing shall be held.

(Source: Repealed at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.80 Schedule of Operations; Overtime

- a) The Department incorporates by reference 9 CFR 307.4(a), 307.4(d), and 381.37(a) and (d) (1997) (990). References to 9 CFR 307.6(b) and 381.39(b) in the incorporated language shall be interpreted according to this Section.
- b) The basic workweek and workday shall be those days and hours on file and approved by the Department of Central Management Services in accordance with the Personnel Code (20 ILCS 415) and the rules of that Act (80 Ill. Adm. Code 303.300). The work schedule of the licensee and any requests for changes in the work schedule shall be submitted in writing by the licensee to the regional administrator. A grant of overtime shall be at the sole discretion of the Department

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and shall be based on inspector availability, efficacious and efficient use of resources and budget considerations. However, minor deviations (one hour or less) from the daily operating schedule shall be approved by the supervisor and/or inspector--and the regional administrator if the request is received by the regional office on the day before the change is to occur and the change is only for that particular day.

c) For inspection services rendered on a holiday or any day or workday at times other than the hours set forth in the approved work schedule, the rate shall be \$25.00 per hour or any fraction of an hour.

d) The overtime charge shall be for the actual time the inspector is performing the inspection service and associated travel. Travel expenses and the minimum overtime that will be billed are as follows:

1) When an inspector has departed the official establishment after the completion of his/her regular workday and is recalled to perform inspection service, the minimum overtime that will be charged shall be two hours.

2) For inspection service rendered on Saturday, Sunday or on a holiday, the minimum overtime that will be charged is two hours.

3) When an inspector is required to return to the establishment after the completion of his/her regular work day or on a Saturday, Sunday or holiday, the official establishment will be billed for mileage charged by the inspector in accordance with travel Regulations (80 Ill. Adm. Code 2800) in addition to the overtime charged.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.90 Official Marks of Inspection, Devices and Certificates

a) The official inspection legend which indicates the meat, poultry, buffalo, catalo, cattalo, domestic deer, domestic elk, domestic antelope, domestic reindeer, water buffalo, or meat--buffalo--cattalo or catatol--domestic--deer--domestic--elk--domestic--antelope--domestic reindeer--water--buffalo and/or poultry product was inspected and passed shall be as prescribed in Section 2.26 of the Act.

b) The Department incorporates by reference 9 CFR 312.2(b)(2), 312.4, 312.5(a), 312.6, 312.9, 381.98, 381.99, 381.100, 381.101, 381.103, and 381.108, 381.110 through 381.111 (1997 1990), except that the inscription on the mark of inspection shall contain the word "Illinois" rather than "U.S."

c) The brands shall be in the forms as prescribed in Section 2.26 of the Act.

d) The Department shall supply all Illinois Retained, Illinois Seizure, and Illinois Rejected paper tags. The Illinois Seizure tag is used in lieu of the federal detained tag.

e) The seal referred to in 9 CFR 312.5(a) and 381.98 shall be padlock or

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metal self-locking tab as shown in the illustration for the federal rules.

f) The only official brands, symbols, legends and devices shall be those set forth in this Section.

g) Certificates shall be those set forth in the incorporated federal rules.

h) Reference to federal forms FSIS 6502-2 and FSIS 6501-1 MP-427--MP-357 and--GP-483 shall mean Illinois paper tags as identified in this Section and FSIS 9061-2 MP-514--1 shall mean Illinois form IL 406-0372. A seal is used by the Department in lieu of issuing a form the equivalent of federal form FSIS 7350-1 MP-400-3.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.100 Records and Reports

a) The Department incorporates by reference 9 CFR 320.1(b), 320.6(a), 320.7, 381.175(b), 381.180(a) and 381.181 (1997 1990) 7-57-PR-378707 effective-July-22, 1992, 57-PR-43557-effective-October-21, 1992, 58-PR 41307-effective-September-17, 1993, 58-PR-632--and--58-PR-43787, effective-July-6, 1994, 59-PR-62551-effective-January-5, 1995, 60-PR 67447-effective-July-17, 1996.

b) Access to the establishment, its premises, records and inventories shall be provided to the Department in accordance with Section 14 of the Act and Section 125.70.

c) Each person who is required to be licensed in accordance with Section 3 of the Act shall keep records as stated in the incorporated language of 9 CFR 320.1(b) and 381.175(b), except that for custom slaughtering and custom processing transactions, the recordkeeping requirements shall be those set forth in Section 5(B)(2)(f) of the Act. Records shall be retained for 5 years after December 31 of the year in which the transaction to which the record relates has occurred. If a record must be retained for longer than 5 years because of an on-going investigation or litigation, the Department shall notify the licensee in writing as to which record is to be retained, the reasons for such retention and the retention period. The Department shall consider when determining the retention period the court date, if known, or the time needed to conclude the investigation (e.g., considering the type of disease being investigated, the number of animals involved, and laboratory testing procedures, if applicable).

d) The licensee of the official establishment shall maintain such records at the establishment. In the case of a broker, the records shall be maintained at the office listed on the application for license.

e) The Department shall request a licensee to submit an evaluation of the inspection program or of the inspector's performance when the Department is conducting a review of the effectiveness of the Meat and Poultry Inspection Program or when a complaint on the inspector's



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performance has been received.

(Source: Amended at 21 Ill. Reg. 11494, effective  
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Section 125.110 Exemptions

- a) Meat and/or poultry and meat and/or poultry products exempted from ante-mortem and post-mortem inspection requirements shall be as set forth in Section 5 of the Act. Transportation of meat and/or poultry and meat and/or poultry products which are exempted from ante-mortem and post-mortem inspection shall be in accordance with Section 5 of the Act (i.e., they cannot be transported in commerce). Labeling requirements on such exempted meat and/or poultry and meat and/or poultry products shall be as stated in Section 5 of the Act.
- b) The Department incorporates by reference 9 CFR 303.2 (1997 1998).
- c) The Department incorporates by reference 9 CFR 303.1(e) and 9 CFR 381.10(e) (1997 57-FR-34174-1992).

(Source: Amended at 21 Ill. Reg. 11494, effective  
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Section 125.120 Disposal of Dead Animals and Poultry

The collection, transportation, and disposal of carcasses or parts of carcasses of animals or poultry that have died other than by slaughter at an official establishment shall be in accordance with the Illinois Dead Animal Disposal Act [225 ILCS 610] (1997-Rev. Stat. 1989, ch. 8, par. 149-1-et-seq.) and the rules adopted pursuant thereto (8 Ill. Adm. Code 90), unless such animals or poultry are custom slaughtered and delivered by the owner to an official establishment for custom processing in accordance with Section 5 of the Act.

(Source: Amended at 21 Ill. Reg. 11494, effective  
AUG 1 1997)

Section 125.130 Reportable Animal and Poultry Diseases

Any animal or poultry suspected of being infected with a reportable disease (see 8 Ill. Adm. Code 85.10) shall be reported by the inspector or veterinarian in accordance with the Illinois Diseased Animals Act [510 ILCS 501] (1997-Rev. Stat. 1989, ch. 8, par. 168-et-seq.) and the rules adopted pursuant thereto (8 Ill. Adm. Code 85).

(Source: Amended at 21 Ill. Reg. 11494, effective  
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Section 125.140 Detention; Seizure; Condemnation

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The Department incorporates by reference 9 CFR 329.1 through 329.5(a) and 329.5(c), and 381.210 through 381.214(a) and 381.214(c) (1997 1998).

- a) Reference in the incorporated language to Title I and II of the Act, any other federal law, laws of any territory or the District of Columbia, notification of federal authorities not connected with the program, and Section 404 of the Act are not applicable to the Department in its enforcement of the incorporated language. References to federal form 8080-1 forms--MP-484,--CP-484,--GP-479,--and MP-479 shall mean Illinois form MI-51 forms--MI-17--and--MI-18. Illinois Retained or Illinois Seizure tags are used in lieu of federal form FSI 8400-2 MP-483. The Department issues a Notice of Seizure--MI-397--in lieu of federal form MP-487.
- c) Meat and/or poultry or meat and/or poultry product that is detained shall be released when it is in conformance with the Act and the rules of this Part. The Department shall verbally inform, followed up with written notification, the owner or person in charge of the detained meat and/or poultry or meat and/or poultry product as to what action must be taken to bring the meat and/or poultry or meat and/or poultry product into compliance. Meat and/or poultry or meat and/or poultry products shall be condemned as stated in Section 15 of the Act.
- d) Condemned meat or poultry products shall be effectively destroyed for human food purposes by the owner of the meat or poultry product under the supervision of an inspector (quoted from Section 15 of the Act) in accordance with the denaturing procedures as set forth in Section 125.290 (specifically the incorporated language in 9 CFR 325.13). If the owner of the meat and/or poultry or meat and/or poultry product refuses to destroy the condemned meat and/or poultry or meat and/or poultry product, the Department shall take judicial action in the circuit court within the jurisdiction where the condemned product was found to confiscate the condemned meat and/or poultry or meat and/or poultry product in order to denature such meat and/or poultry or meat and/or poultry product so it cannot be used for human food purposes.

(Source: Amended at 21 Ill. Reg. 11494, effective  
AUG 1 1997)

Section 125.141 Sanitation Standard Operating Procedures (SOP's)

The Department incorporates by reference 9 CFR 416 (1997: 62 FR 26211, effective June 12, 1997). The applicability date for 9 CFR 416 will be October 1, 1997.

(Source: Added at 21 Ill. Reg. 11494, effective  
AUG 1 1997)

Section 125.142 Hazard Analysis and Critical Control Point (HACCP) Systems

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The Department incorporates by reference 9 CFR 417 (1997). The HACCP regulations set forth in 9 CFR 417 and related provisions set forth in 9 CFR 304, 327, and 381 will be applicable as follows:

- a) In large establishments, defined as all establishments with 500 or more employees, on October 1, 1998;
- b) In smaller establishments, defined as all establishments with 10 or more employees but fewer than 500, on October 1, 1999;
- c) In very small establishments, defined as all establishments with fewer than 10 employees or annual sales of less than \$2.5 million, on October 1, 2000.

(Source: Added at 21 Ill. Reg. 11401, effective AUG 1 1997)

**Section 125.143 Imported Products**

The Department incorporates by reference 9 CFR 327.2, 327.7, and 381.196 (1997).

(Source: Added at 21 Ill. Reg. 11401, effective AUG 1 1997)

## SUBPART B: MEAT INSPECTION

**Section 125.150 Livestock and Meat Products Entering Official Establishments**

The Department incorporates by reference 9 CFR 302.3 (1997 1999).

(Source: Amended at 21 Ill. Reg. 11486, effective AUG 1 1997)

**Section 125.160 Equine and Equine Products**

The slaughter, labeling, denaturing, and transportation of equine and equine products shall be in accordance with the Illinois Horse Meat Act [225 ILCS 635] ~~411--Rev.--Stat.--1997--ch--56-172--par-240-et-seq-7~~ and the rules adopted pursuant thereto (8 Ill. Adm. Code 70).

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

**Section 125.170 Facilities for Inspection**

- a) The Department incorporates by reference 9 CFR 307.1, 307.2, 307.3 and 307.7 (1997 1999).
- b) The inspector's office shall be approved if it is in compliance with the requirements for an inspector's office as set forth in the "Sanitation Handbook for Meat and Poultry Inspection" and the "U.S.

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Inspected Meat and Poultry Packing Plants, A Guide to Construction and Layout" as adopted in Section 125.20 and the provisions of this Section. The office will be considered as being in a convenient location if it is on the premises of the official establishment or located in a building adjacent to the official establishment. Small plants (as identified in 9 CFR 307.1) shall furnish an inspector's office either at the establishment or in a building adjacent to the official establishment.

- c) Facilities and equipment shall be provided by the official establishment as necessary to meet the operational needs (e.g., slaughtering facilities, processing facilities) of the establishment and the Department shall construe such facilities and equipment as being adequate, suitable or sufficient if the operational needs of the establishment can be met and inspection and sanitary conditions maintained in accordance with the rules of this Part.

(Source: Amended at 21 Ill. Reg. 11401, effective AUG 1 1997)

**Section 125.180 Sanitation**

- a) The Department incorporates by reference 9 CFR 308.1 through 308.5(a), 308.5(g) and 308.6 through 308.16 (1997; 62 FR 26211, effective June 12, 1997 1999).

- b) The Department shall approve construction of an establishment or the remodeling of an establishment if such establishment or the remodeling is in accordance with "U.S. Inspected Meat and Poultry Packing Plants, A Guide to Construction and Layout" as adopted by the Department in Section 125.20.

- c) The Department will permit for use in any official establishment equipment or utensils that are on the "List of Accepted Meat and Poultry Equipment" as adopted in Section 125.20.

- d) The Department shall approve the reuse of water for the specific purposes mentioned in the incorporated language of 9 CFR 308.3(d)(2) or for use as nonpotable water (see 9 CFR 308.3(d)(1)). An analysis of the water potability at an official establishment shall be furnished to the inspector annually by the licensee if the water supply comes from a municipal water source or semi-annually if the water supply comes from a well or cistern. Additional water potability reports shall be required to be furnished whenever the inspector has reason to believe the water is not potable (e.g., water main break or results from laboratory tests indicate that water could be the cause of the product being adulterated).

- e) Any of the control procedures for excluding flies or vermin as stated in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20 shall be approved for use in an official establishment.

- f) When determining if sanitation requirements are being or can be met,

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- the Department shall consider the facilities, equipment and the operations of the establishment as being sanitary if they are in compliance with the "Sanitation Handbook for Meat and Poultry Inspection" and the operating procedures and sanitation requirements in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20 and the provisions of this Section.
- g) Pest control substances (e.g., insecticides or rodenticides) and disinfectants used in an official establishment shall be those products on the "List of Proprietary Substances and NonFood Compounds" as adopted in Section 125.20.
- h) Slack barrels and other containers used in the shipping of meat products shall be lined with plastic or a paper of such quality that it will not readily tear when moistened from contact with the meat or meat product.
- i) Barrels, boxes and other containers used for shipping meat products shall be considered as unfit for use if they are torn, broken, have lost their original shape or are wet.
- j) Equipment, utensils, rooms or compartments which were found in violation of the sanitation requirements of this Section shall be considered considered as "made acceptable" when they are in compliance with the rules of this Part.

(Source: Amended at 21 Ill. Reg. 11434, effective AUG 1 1997)

## Section 125.190 Ante-Mortem Inspection

- a) The Department incorporates by reference 9 CFR 309.1 through 309.4(a), 309.5 through 309.11, and 309.13 through 309.18 (1997 19907-55-PR 74727-effective-May-317-1990).
- b) In cases of emergency slaughter (see 9 CFR 311.27) and where the inspector cannot be contacted or is unable to return to the establishment, the owner of the animal shall obtain the services of a licensed veterinarian who shall perform an ante-mortem examination on the animal. If upon examination the animal shows no symptoms of disease or abnormal conditions that would prohibit its intended use as human food in accordance with the provisions of this Section, the veterinarian shall prepare a written statement to the effect that the animal is in compliance with ante-mortem requirements of this Section and can be slaughtered at the official establishment. The veterinarian's statement shall be kept on file by the official establishment in accordance with Section 125.100. The costs of the veterinary services shall be borne by the owner of the animal.
- c) The Department shall approve treatment programs for diseased animals providing the licensee provides the necessary holding pens where such animals can be kept apart from the other livestock awaiting slaughter and the owner of the animal(s) agrees to the treatment and assumes the cost of such treatment. Following treatment, the animal shall be

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- released from slaughter at the request of the owner or of the official establishment and permitted to be transported from the establishment provided the animal was not infected with a reportable disease (see Section 125.130).
- d) An animal found in a comatose or semicomatose condition shall be set apart from the other livestock and held for further observation at the request of the owner or the official establishment.
- e) "Other responsible official supervision" shall mean under the supervision of a licensed veterinarian or a program employee of the U.S. Department of Agriculture.
- f) At the option of the owner of the animal, any animal identified as a suspect may be reinspected by a veterinarian as set forth in Section 9 of the Act or the animal shall be slaughtered and identified in accordance with the provisions of this Section.
- g) An animal will be withheld from slaughter to permit biological residues to be reduced in accordance with 9 CFR 309.16 when the owner informs the inspector that the animal was taking chemicals or biologics or there is evidence to suggest that the animal was taking chemicals or biologics (e.g., injection marks, chemical odor). The time period for holding such animal shall depend on the withdrawal period of the chemical or biologic that was administered to the animal. The inspector shall permit the slaughter of such animal (see 9 CFR 309.16a) when requested by the official establishment or by the owner of the animal.
- h) The inspector shall approve the use by any establishment of any skin tattoo that contains a number identifying the animal or lot. The identifying number for the skin tattoo shall be assigned by the inspector.
- i) Reference to federal form FSIS 6150-1 MP-402-2 shall mean Illinois form V-3. References in the incorporated language to 9 CFR 314 shall be interpreted to mean in accordance with Section 125.230.

(Source: Amended at 21 1997 Ill. Reg. 11434, effective AUG 1 1997)

## Section 125.200 Post-Mortem Inspection

- a) The Department incorporates by reference 9 CFR 310.1(a) 31047 and 310.2 through 310.21, and 310.23 (1997 19907-55-PR-74727-effective-May-317-1990; 66-PR-66402; effective-February-207-1996; 75-PR-295647 effective-August-207-1990), except that the preparation of meat and meat products for nonhuman food purposes (e.g., dog food) is not permitted at an official establishment. The preparation of nonhuman food products must be done in establishments licensed under the Illinois Dead Animal Disposal Act. The Department incorporates by reference 9 CFR 310.25 (1997; 62 FR 26211, effective June 12, 1997); the E. coli process control testing regulations set forth in 9 CFR 310.25(a) will be applicable on October 1, 1997, and the Salmonella



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pathogen reduction performance standards regulations set forth in 9 CFR 310.25(b) will be applicable simultaneously with applicability dates for implementation of HACCP in Section 125.142.

- b) The unusual circumstance and acceptable arrangements referred to in 9 CFR 310.1(a) ~~shall~~ mean in the case of emergency slaughter and in accordance with the procedure outlined in Section 125.190.
- c) In the case of emergency slaughter and where a veterinarian was obtained by the owner to perform ante-mortem inspection (see Section 125.190), the veterinarian may perform post-mortem inspection of the animal. The carcass and all parts, including viscera, shall be identified as set forth in 9 CFR 310.2 and held for the inspector. If the veterinarian performs the post-mortem inspection at the request of the owner, then the cost of such service shall be borne by the owner of the animal.
- d) Disinfectants that can be used in an official establishment shall be those set forth in Section 125.180.
- e) With regard to the incorporated language in 9 CFR 310.2(b)(4), alternate methods proposed by the operator of an official establishment for handling devices shall be approved if such method will accomplish the specific provisions as stated in the paragraph.
- f) Retained carcasses may be washed or trimmed provided such washing or trimming does not affect the disposition of the carcasses by removing conditions or lesions which caused the carcasses to be identified as retained.
- g) Temporary identification of retained carcasses by an official establishment shall be permitted; however, Illinois Retained tags shall be used to identify the carcasses along with any temporary identification that is used.
- h) References in the incorporated language to 9 CFR 314 shall be interpreted to mean in accordance with Section 125.230.
- i) Facilities for handling and inspecting cow udders shall be as set forth in "U.S. Inspected Meat and Poultry Packing Plants, A Guide to Construction and Layout" as adopted in Section 125.20.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

### Section 125.210 Disposal of Diseased or Otherwise Adulterated Carcasses and Parts

- a) The Department incorporates by reference 9 CFR 311 (1997 1998).
- b) For the purpose of administering the incorporated language, the laboratories referred to shall mean any approved laboratory as defined in 8 Ill. Adm. Code 20.1. "Properly prepared and packaged" shall mean that the specimen shall be wrapped so as to prevent adulteration of the specimen and any leakage from the package.
- c) An approved freezing facility is an establishment licensed under the Illinois Refrigerated Warehouses Act [240 ILCS 35] ~~411--Rev--Stat-~~

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~~1989--ch--56--1/27-par--79--1-et-seq--7.~~

(Source: Amended at 21 Ill. Reg. 11404, effective AUG 1 1997)

### Section 125.220 Humane Slaughter of Animals

Animals shall be slaughtered in accordance with the Humane Slaughter of Livestock Act [510 ILCS 75] ~~AN-Act-to-define-and-require-the-use-of-humane methods-in-the-handling-preparation-for-slaughter-and-slaughter-of--livestock for-meat-or-meat-products-to-be-offered-for-sale--(111--Rev--Stat--1989--ch--87 par--229--1-et-seq--7 and the rules adopted pursuant thereto (8 Ill. Adm. Code 50).~~

(Source: Amended at 21 Ill. Reg. 11404, effective AUG 1 1997)

### Section 125.230 Handling and Disposal of Condemned or Other Inedible Products at Official Establishment

- a) Condemned and inedible products shall be disposed of by persons licensed in accordance with the Illinois Dead Animal Disposal Act (see Section 125.120). If the official establishment has no facilities for tanking the condemned carcasses or meat products or if the inspector cannot leave the slaughter area, the condemned meat or meat products shall be denatured as set forth in 9 CFR 314.3 (1997 1998) before they leave the official establishment.
- b) The Department incorporates by reference 9 CFR 314.2, 314.7, and 314.9 through 314.11 (1997 1998).
- c) The Department does not permit animals that have died other than by slaughter in accordance with the custom slaughter exemption in Section 5 of the Act to be brought on the premises of the official establishment, except for animals which have died en route. Animals that have died en route to the official establishment shall be disposed of by licensed renderers (see Section 125.120).
- d) Pipes and chutes shall be installed in accordance with the provisions of Section 125.180.
- e) Proprietary material shall be as set forth in the "List of Proprietary Substances and Nonfood Compounds" as adopted in Section 125.20.
- f) "Denaturing of carcasses to the extent necessary to preclude its use for food purposes" shall mean that one of the denaturing methods in 9 CFR 325.13 as adopted in Section 125.290 must be used.
- g) Carcasses or parts of carcasses condemned on account of anthrax shall be disposed of in accordance with the provisions of Section 125.120.
- h) Specimens of condemned or other inedible products shall be released if compliance with the specific provisions of 9 CFR 314.9 is met. An example of an objectionable condition would be in the case of a sanitary problem.

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- shall comply with Section 125.290 (specifically the incorporated language in 9 CFR 325.5) when being transferred between official establishments. No special form for this transfer is issued by the Department as in the case of federal inspection (federal form FSIS 7350-1 MP-400-1).
- h) Only those methods specifically included in 9 CFR 316.10(c) shall be approved for applying the list of ingredients.
- i) "legibly and conspicuously marked" shall mean in compliance with the provisions of Section 125.260 (specifically the incorporated language of 9 CFR 317.2(j)(6) through (9)).
- j) Carcasses and meat products prepared on a custom basis shall be labeled in accordance with Section 5(B)(2)(d) 5(B)(4)(d) of the Act.
- k) Food additives and color additives shall be approved for use if the product is not adulterated in accordance with Section 2.11(B)(3) and (4) of the Act. When a specific antioxidant appears on the label, it shall be identified as set forth in Section 125.260 (specifically the incorporated language of 9 CFR 317.2(j)(10)).
- l) Stencils, box dies, labels and brands shall be approved in accordance with the provisions of Section 125.260.
- m) References within the incorporated language to paragraphs 302(c)(2) of the Act and 23(b) of the Act shall be interpreted to mean those exemptions as set forth in Section 125.110. ~~References in the incorporated language to 9 CFR 350 are not applicable to the Department in its enforcement of the rules of this Part.~~

(Source: Amended at 21 Ill. Reg. 41601, effective

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## Section 125.260 Labeling, Marking and Containers

- a) The Department incorporates by reference 9 CFR 317.1 through 317.2(j)(10), 317.2(j)(12) through 317.4(f)(2), 317.6, 317.8, 317.10 through 317.13, 317.17 through 317.24, 317.300, 317.302, 317.308, 317.309, 317.312, 317.313, 317.343, 317.344, 317.345, 317.354, 317.356, 317.360, 317.361, 317.362, 317.363, 317.369, 317.380, 317.400 (1997 1990) 55-PR-7289, effective August 28, 1990; 55-PR-346707 effective September 24, 1990; 55-PR-49836 and 50817 effective May 29, 1991; 56-PR-13597 effective September 3, 1991; 56-PR-236307 effective January 27, 1992; 56-PR-41457 effective September 20, 1991; 56-PR-674057 effective March 2, 1992; 57-PR-245427 effective July 10, 1992; 58-PR-421807 effective September 8, 1993; 58-PR-380467 effective August 16, 1993; 59-PR-125366 effective April 10, 1994; 59-PR-445207 effective May 27, 1994; 59-PR-632758 effective April 10, 1994; 58-PR-476247 effective May 19, 1994; 59-PR-131577 effective July 6, 1994; 59-PR-402097 effective August 9, 1994; 59-PR-451897 effective September 17, 1994; 60-PR-1747 effective January 3, 1995; 60-PR-128837 effective May 8, 1995; 59-PR-24220 and 60-PR-1747 effective November 10, 1995; 60-PR-674447 effective July 17, 1996; 61-PR-421437 effective October 15, 1996).

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- i) The movement of livers and condemned products from an official establishment will be permitted in accordance with the provisions of Section 125.120.
- j) Reference to federal form FSIS 6700-2 MP-400-10 shall mean Illinois form MI-10. References in the incorporated language to other sections within 9 CFR 314 that have not been adopted shall be interpreted to mean in accordance with the provisions of this Section. References to 9 CFR 325 shall be interpreted to mean in accordance with Section 125.290.

(Source: Amended at 21 Ill. Reg. 11406, effective

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## Section 125.240 Rendering or Other Disposal of Carcasses and Parts Passed for Cooking

- a) The Department incorporates by reference 9 CFR 315 (1997 1990).
- b) References to 9 CFR 314 shall be interpreted to mean in accordance with Section 125.230.
- c) When the product in the tank that has been passed for cooking does not consist of a carcass or whole primal part, the tank shall be sealed by the inspector.

(Source: Amended at 21 Ill. Reg. 11406, effective

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## Section 125.250 Marking Products and Their Containers

- a) The Department incorporates by reference 9 CFR 316.1 through 316.5(d), 316.5(f) through 316.11, 316.13(a), 316.13(b), 316.13(d) through 316.13(h) and 316.14 through 316.15 (1997 1990).
- b) Branding ink need not be submitted to the Department and it will be approved for use by the inspector in accordance with Section 2.11(B)(4) of the Act and the other provisions of the incorporated federal Section (9 CFR 316.5). Branding ink shall be purple.
- c) The Department shall approve the manufacture of a device or label containing an official mark of inspection provided it is in compliance with Section 125.90.
- d) Additional official marks of inspection may be applied to meat and/or meat products at the option of the official establishment.
- e) References in the incorporated language to 9 CFR 312 shall be interpreted to mean in accordance with Section 125.90 and reference to 9 CFR 314 shall be interpreted to mean in accordance with Section 125.230.
- f) "Customarily sold at retail intact" shall mean that the meat product in the casing is sold at a retail store and customarily is not cut up into smaller packages.
- g) Products as identified in the incorporated language of 9 CFR 316.10



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- b) The Department shall approve only those abbreviations for marks of inspection as specifically stated in Section 2.26(j)(3) and (k)(3), (4), (5) and (9) of the Act.
- c) Labeling and sketch labeling shall be approved by the Department if the label is in compliance with the provisions of this Section and the label is not misbranded in accordance with Section 2.20 of the Act. All labels and sketch labels shall be submitted to the Springfield office of the Department for approval.
- d) The Department shall approve temporary labeling as stated in 9 CFR 317.4(f). Labeling which has received temporary approval shall not be used beyond the temporary approval period unless the printer or manufacturer of the label is unable to provide the official establishment with the labels before the expiration of the temporary approval.
- e) The quantity of contents as shown on the label shall be in compliance with the Weights and Measures Act [225 ILCS 470] (1997) (Rev. 1997) (Ch. 147, par. 101-102) and the rules adopted thereto (8 Ill. Adm. Code 600.600-120).
- f) The Department does not approve terms for generic labeling and considers the approval of terms as generic to be the responsibility of the federal government.
- g) With regard to the incorporated language in 9 CFR 317.6, the extension of time for exhausting existing stocks of labels is not applicable since all labels presently in use are in compliance with the rules of this Part.
- h) The Department does not issue a list of approved packaging materials and will permit for use any packaging material which has been approved by the U.S. Department of Agriculture (see 9 CFR 317.24 (1997)) (49--PR 22357--effective-July-17-1984).
- i) Labels to be used for the relabeling of inspected and passed product shall be permitted to leave the official establishment when the product must be relabeled because the original labels have become mutilated or damaged. The official establishment shall reimburse the Department for any overtime costs, if applicable, involved for the inspector to supervise the relabeling of a product. The overtime charges shall be as set forth in Section 125.80.
- j) The inspector shall grant authorization to transport labels, wrappers and containers bearing official marks from one official establishment to another official establishment provided the official establishment provides to the inspector the information required in 9 CFR 317.13 so that the inspector can notify the inspector at the destination point.
- k) Labeling of custom slaughter and/or custom processed meat and/or meat products and the containers containing custom slaughtered and/or custom processed meat and/or meat products shall be as set forth in Section 5 of the Act.
- l) References in the incorporated language to 9 CFR 312 shall be interpreted to mean in accordance with Section 125.90.

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(Source: Amended AUG 1 1997 at 21 Ill. Reg. 11-03, effective

# Section 125.270 Entry into Official Establishment; Reinspection and Preparation of Product

- a) The Department incorporates by reference 9 CFR 318.1(c) through 318.7, 318.9 through 318.10, 318.14 through 318.20, 318.22, 318.23, 318.24, 318.300 through 318.311 (1997) 1990-54-PR-43041--effective-January-18-1990--55-PR-7294--effective-August-28-1990--55-PR-34678--effective-September-24-1990--as-amended-by-55-PR-439917--December-47-1990--57-PR-27870--effective-July-22-1992--57-PR-42885--effective-October-19-1992--59-PR-46677--effective-February-12-1993--58-PR-41130--effective-September-17-1993--58-PR-42180--effective-September-8--1993--58-PR-45238--and--58-PR-45240--effective-September-27-1993--58-PR-599347--effective-December-13-1993--58-PR-635217--effective-January-3--1994--59-PR-135367--effective-April-18-1994--59-PR-336417--effective-June-30-1994--59-PR-416407--effective-September-14--1994--59-PR-625517--effective-January-5--1995--60-PR-103047--effective-February-24--1995--60-PR-542957--effective-December-22-1995--61-PR-180477--effective-June-24-1996--60-PR-559627--effective--November--47--1996; 61 FR 58780, effective January 21, 1997).
- b) No meat or meat product shall be brought into an official establishment unless it is inspected or has been prepared in an official establishment or in a federally licensed establishment and is identified by an official inspection legend as set forth in Section 125.90, a federal inspection legend, or is exempt from inspection as stated in Section 125.110. Meat and meat products received in an official establishment during the absence of the inspector shall be identified as set forth in Section 125.200 and, unless exempt from inspection, shall not be used or prepared until they have been reinspected. Any meat and meat product originally prepared at any official establishment may not be returned to any part of such establishment other than the receiving area until it has been reinspected by the inspector and passed. Wild game carcasses shall comply with Section 5(B)(4) of the Act. The official establishment shall maintain an inventory of non-meat items (e.g., spices, preservatives) which are received at the official establishment. Any product that is brought on the premises of an official establishment contrary to the provisions of this Section shall be removed immediately from such establishment by the operator of the establishment.
- c) Reinspections of meat and/or meat products within the official establishment shall be performed through the use of a random digit table.
- d) Docks and receiving rooms for meat and/or meat products or other articles used by the establishment in the preparation of meat products entering an official establishment shall be approved by the inspector



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if the location of such docks or receiving rooms will not permit such product or article to pass through rooms containing inspected and passed products.

e) The manner of defrosting frozen products and methods of treating to preserve products shall be in accordance with procedures as set forth in the "Meat and Poultry Inspection Manual" as adopted in Section 125.20.

f) Casings or weasand shall be inspected and passed if it is in compliance with the specific provisions as stated in 9 CFR 318.5(i) for passage of such articles.

g) The Department does not approve new substances to be used on meat or in meat products, their uses or the levels of use of an approved substance. Such substances will be permitted to be used and artificial flavorings may be used if they do not adulterate the meat and/or meat product in accordance with Section 2.11 of the Act and are in compliance with the provisions of this Section.

h) References to exemptions from slaughter and custom slaughter shall mean those exemptions set forth in Section 125.110.

i) ~~Reference to 9 CFR 327 are not applicable to the Department in its enforcement of the rules of this part.~~ References within the incorporated language to the federal Poultry Inspection Act, Section 403 of the Act, Section 7 of the Act, 9 CFR 303, and paragraph 23(a) of the Act shall be interpreted to mean in accordance with the Meat and Poultry Inspection Act and the rules of this Part.

j) The Department does not approve thermometers for use in smokehouses, dry rooms and other compartments that are used in the treatment of pork.

k) Disinfectants shall be those as set forth in Section 125.180.

l) Adequate vacuum shall be determined through the use of vacuum gauges. Canned products which may be processed without steampressure cooking shall be those products as stated in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.

n) The inspector shall permit lots of canned product to be shipped from the official establishment prior to the completion of the incubation period on the representative samples in accordance with the specific provisions in 9 CFR 318.309.

o) The standards and procedures for determining when ingredients of finished products are in compliance with this Section shall be as set forth in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective AUG 1 1997)

## Section 125.280 Meat Definitions and Standards of Identity or Composition

The Department incorporates by reference 9 CFR 319 (1997 1990; 55-PR-346767 effective-September-24, 1990; 56-PR-414457-effective-September-20, 1991; 57-PR

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428857--effective-October-19-1992; 59-PR-336417-effective-June-30-1994; 60-PR-559627-effective-November-4-1996). Methods for the destruction of live trichinae in pork shall be as set forth in Section 125.270 (specifically the incorporated language of 9 CFR 318.10(c)).

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective AUG 1 1997)

## Section 125.290 Transportation

a) The Department incorporates by reference 9 CFR 325.1(a) through 325.1(f); 325.1(g) through 325.2, 325.5 through 325.8(b), 325.10, 325.13, 325.14 through 325.19 (1997 1990; 56-PR-651797-effective-January-15-1992).

b) Transportation of products which have become adulterated or misbranded from an official establishment shall be in sealed containers or sealed trucks.

c) Proprietary substances shall be those as stated in the "List of Proprietary and Nonfood Compounds" as adopted by the Department in Section 125.20.

d) Specimens of product for laboratory examination, research or for other nonhuman food purposes (e.g., educational training) shall be in compliance with Section 125.230.

e) References in the incorporated language to 9 CFR 312, 320 and 314 shall be interpreted to mean in accordance with Sections 125.90, 125.100 and 125.230, respectively.

(Source: Amended at 21 Ill. Reg. \_\_\_\_\_, effective AUG 1 1997)

## Section 125.295 Imported Products (Repealed)

~~The Department incorporates by reference 9 CFR 327.7 (1990; 56-PR-651797 effective-January-15-1992.~~

(Source: Repealed at 21 Ill. Reg. \_\_\_\_\_, effective AUG 1 1997)

## Section 125.300 Special Services Relating to Meat and Other Products

a) The Department incorporates by reference 9 CFR 350.1 through 350.3(a), 350.3(c), 350.5 through 350.7(a) and 350.7(d) (1997 1990).

b) The charges for special services shall be paid by check, draft or money order payable to the Illinois Department of Agriculture upon furnishing to the person who requested the service a statement as to the amount due. The fee for rendering these services shall be at the rate of \$25 per hour, except for services rendered on a holiday which shall be \$30. The person who requested the special service shall also

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be billed for travel expenses incurred by the inspector in accordance with Travel Regulations (80 Ill. Adm. Code 2800).

(Source: Amended at 21 Ill. Reg. Aug 1 1997, effective Aug 1 1997)

**Section 125.305 Exotic Animal Inspection**

- a) With regard to the inspection and processing of exotic animals, the Department incorporates by reference 9 CFR 352.11, 352.3, 352.11, 352.12, 352.13, 352.14, 352.15, 352.16, and 352.17 (1997 1998).
- b) The Department incorporates by reference 9 CFR 352.7 (1997 1998), except that the description of the official inspection legend and brand shall be as described in Section 125.90.
- c) References in the incorporated language to 9 CFR 304, 317, 309, 310, 311, 314, 318, 320, and 325 shall be interpreted as references to the provisions in Sections 125.30, 125.250, 125.190, 125.200, 125.210, 125.230, 125.270, 125.100 and 125.290, respectively.
- d) References in the incorporated language to 9 CFR 313 shall be interpreted as references to Section 125.220.

(Source: Amended at 21 Ill. Reg. Aug 1 1997, effective Aug 1 1997)

## SUBPART C: POULTRY INSPECTION

**Section 125.310 Application of Inspection**

The Department incorporates by reference 9 CFR 381.3(c) through (e) and 381.7 (1997 1998), unless such products are exempted from inspection in accordance with Section 5 of the Act. All rabbits that are eviscerated in an official establishment shall be inspected for condition and wholesomeness and no dressed rabbits or uninspected products of rabbits shall be brought into an official establishment, unless they are exempt from inspection in accordance with Section 5 of the Act.

(Source: Amended at 21 Ill. Reg. Aug 1 1997, effective Aug 1 1997)

**Section 125.320 Facilities for Inspection**

- a) The Department incorporates by reference 9 CFR 381.36 (1997 1998).
- b) The inspector's office shall be approved if it is in compliance with the requirements for an inspector's office as set forth in the "Sanitation Handbook for Meat and Poultry Inspection" as adopted in Section 125.20 and the provisions of this Section. The office will be considered as being in a convenient location if it is on the premises of the official establishment or located in a building adjacent to the

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official establishment. Small plants (as identified in 9 CFR 381.36) which do slaughtering shall furnish an inspector's office either at the establishment or in a building adjacent to the official establishment.

(Source: Amended at 21 Ill. Reg. Aug 1 1997, effective Aug 1 1997)

**Section 125.330 Sanitation**

- a) The Department incorporates by reference 9 CFR 381.45 through 381.53(a)(1), 381.53(c) through 381.59, and 381.61 (1997 1998).
- b) The Department shall approve the construction of an establishment or the remodeling of an establishment if such establishment or the remodeling is in compliance with "U.S. Inspected Meat and Poultry Packing Plants, A Guide to Construction and Layout" as adopted by the Department in Section 125.20 and the provisions of this Section.
- c) The Department will permit for use in any official establishment equipment or utensils that are on the "List of Accepted Meat and Poultry Equipment" as adopted by the Department in Section 125.20.
- d) When determining if sanitation requirements are being or can be met, the Department shall consider the facilities, equipment and the operations of the establishment as being sanitary if they are in compliance with the "Sanitation Handbook For Meat and Poultry Inspection" and the sanitation requirements and operating procedures as stated in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20 and the provisions of this Section.
- e) An analysis of the water potability at an official establishment shall be furnished to the inspector annually by the licensee if the water supply comes from a municipal water source or semi-annually if the water supply comes from a well or cistern. Additional water potability reports shall be required to be furnished whenever the inspector has reason to believe the water is not potable (e.g., water main break or results from laboratory tests indicate that water could be the cause of the product being adulterated).
- f) The Department does not have any approved methods for reclaiming wax and will accept any method which does not cause adulteration of the poultry or poultry products.
- g) Any receptacle used for holding condemned carcasses shall be equipped for locking and sealing.
- h) It is the Department's policy that equipment and utensils used in an official establishment shall not be used outside the official establishment.
- i) Any of the control procedures for excluding flies or vermin as stated in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20 shall be approved for use in an official establishment.
- j) Germicides, insecticides, rodenticides, detergents, wetting agents and

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exposed to any substance which imported a biological residue shall be in accordance with Section 125.370. The Department shall permit the slaughter of such poultry for the purpose of collecting tissues for analysis of the residue upon the request of the owner of the poultry or at the request of the official establishment.

- d) The Director shall approve the slaughter of poultry which was used in research in accordance with the specific provisions as stated in 9 CFR 381.75, except for rabbits as stated in Section 125.360.

(Source: Amended at 21 Ill. Reg. 11401, effective AUG 1 1997)

## Section 125.360 Post-Mortem Inspection; Disposition of Carcasses and Parts

- a) The Department incorporates by reference 9 CFR 381: Subpart K (1997 1990; 62 FR 5139, effective May 5, 1997; 62 FR 26211, effective June 12, 1997). The E. coli process control testing regulations set forth in 9 CFR 381.94(a) will be applicable on October 1, 1997, and the Salmonella pathogen reduction performance standards regulations set forth in 9 CFR 381.94(b) will be applicable simultaneously with applicability dates for implementation of HACCP in Section 125.142.
- b) Carcasses of rabbits affected with or showing lesions of any of the following named diseases or conditions shall be condemned: Tularemia, anthrax, hemorrhagic septicemia, pyemia, septicemia, leukemia, acute enteritis, peritonitis, sarcomatosis, metritis, necrobacillosis (Smorl's Disease), tuberculosis, emaciation, streptobacillary pseudotuberculosis, and advanced stages of snuffles. Rabbits from pathological laboratories shall be condemned.
- c) Carcasses of rabbits showing any disease, such as generalized melanosis and pseudoleukemia which systemically affect the rabbit, shall be condemned.
- d) Any organ or part of a rabbit carcass which is badly bruised or which is affected by an abscess or a suppurating sore, shall be condemned. Parts or carcasses of rabbits which are contaminated by pus shall be condemned.
- e) Carcasses of rabbits contaminated by volatile oils, paints, poisons, gases or other substances which affect the wholesomeness of the carcass shall be condemned.
- f) All carcasses of rabbits so infected that consumption of the meat or meat food products thereof may give rise to meat poisoning shall be condemned. This includes all carcasses showing signs of any of the following diseases: Acute inflammation of the lungs, pleura, pericardium, peritoneum or meninges, septicemia or pyemia (whether traumatic, or without evident cause), gangrenous or severe hemorrhagic enteritis or gastritis, polyarthritis and acute nephritis. Immediately after the slaughter of any rabbit so infected, the infected premises and implements used shall be sanitized. The part or parts of any carcass coming into contact with the carcass or any part

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other compounds which are used in an official establishment shall be approved for use if they are on the "List of Proprietary Substances and Nonfood Compounds" as adopted by the Department in Section 125.20. The manner in which such compounds are used shall be in accordance with the manufacturer's label.

(Source: Amended at 21 Ill. Reg. 11401, effective AUG 1 1997)

## Section 125.340 Operating Procedures

- a) The Department incorporates by reference 9 CFR 381.65 through 381.66 (1997 1990; 62 FR 5139, effective May 5, 1997).
- b) The bar-cut method of evisceration shall not be used.
- c) Cut-up poultry may be processed from unchilled eviscerated poultry only in air conditioned rooms (50 degrees F. or less).
- d) The meltage of ice in the chilling system shall be counted toward the minimum fresh water intake requirements provided an accurate measurement of the amount of melted ice can be obtained.
- e) Reference to the Poultry Inspector's Handbook shall mean the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.
- f) The Department shall approve the shipment of poultry in operational type containers, such as chill tanks or lugs, from one official establishment to another official establishment for further processing provided the means of conveyance is sealed and the poultry can reach its destination in accordance with the general chilling requirements as stated in this Section (see 9 CFR 381.66(b)).
- g) Ready-to-cook poultry shall be permitted to be moved from an official establishment prior to freezing in accordance with the specific requirements as stated in 9 CFR 381.66(f)(3).
- h) Compounds used in immersion or spray freezing procedures shall be those that are listed in the "List of Proprietary Substances or Nonfood Compounds" as adopted by the Department in Section 125.20.

(Source: Amended at 21 Ill. Reg. 11401, effective AUG 1 1997)

## Section 125.350 Ante-Mortem Inspection

- a) The Department incorporates by reference 9 CFR 381: Subpart J (1997 1990).
- b) Procedures for ante-mortem and post-mortem inspections and any correlation between the two inspections shall be as set forth in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.
- c) Incineration of poultry suspected of having been treated with or



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of the carcass of any rabbit listed in this paragraph other than those affected with acute inflammation of the lungs, pleura, pericardium, peritoneum or meninges, shall be condemned.

- g) Carcasses of rabbits showing any degree of icterus with a parenchymatous degeneration of organs, the result of infection or intoxication, and those which, as a result of a pathological condition show an intense yellow or greenish-yellow discoloration without evidence of infection or intoxication shall be condemned.

- h) Carcasses of rabbits affected with mange or scab in advanced stages or showing emaciation or extension of the inflammation to the flesh shall be condemned. When the diseased condition is localized, the carcass shall be passed for food purposes after removal and condemnation of the affected parts.

- i) In the disposal of carcasses and parts of carcasses of rabbits showing evidence of infestation with parasites not transmissible to man, the following general rules shall govern: If the lesions are localized in such manner and are of such character that the parasites and the lesions caused by them may be radically removed, the non-affected portion of the carcass, or part of the carcass, shall be certified for food purposes after the removal and condemnation of the affected portions. Where a part of a carcass shows numerous lesions caused by parasites, or the character of the infestation is such that complete extirpation of the parasites and lesions is difficult and uncertainly accomplished, or if the parasitic infestation or invasion renders the organ or part in any way unfit for food, the affected organ or part shall be condemned. Where parasites are found to be distributed in a carcass in such a manner or to be of such a character that their removal and the removal of the lesions caused by them are impracticable, no part of the carcass shall be certified as capable for use as human food and the entire carcass shall be condemned. Carcasses of rabbits infested with a hydatid cyst or cysts (Echinococcus granulosus), transmissible to dogs and from dogs to man, shall in all cases be condemned regardless of the degree of infestation.

- j) Carcasses of rabbits showing such degree of emaciation or anemic condition as would render the meat unwholesome, and carcasses which show a slimy degeneration of the fat or a serious infiltration of the muscles shall be condemned.

- k) Carcasses of poultry, the viscera and any part removed from the carcass shall be kept together and identified by a lot number until the inspector performs a post-mortem inspection.

1) ~~The Department's hearing rules are set forth in Section 125-60-~~

(Source: Amended at 21 Ill. Reg. 1-1997, effective

Section 125.370 Handling and Disposal of Condemedned or Inedible Products at Official Establishments

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Condemedned and inedible poultry and/or poultry products shall be disposed of by persons licensed in accordance with the Illinois Dead Animal Disposal Act (see Section 125.120). If the official establishment has no facilities for tanning the condemned carcasses or poultry products or if the inspector cannot leave the slaughter area, the condemned poultry or poultry products shall be denatured as set forth in 9 CFR 381.95(c) (1997 1999).

(Source: Amended at 21 Ill. Reg. 1-1997, effective

## Section 125.380 Labeling and Containers

- a) The Department incorporates by reference 381.115 through 381.127, 381.129 through 381.132(f), 381.134 through 381.140, 381.144(a) through 381.144(d), 381.400, 381.402, 381.408, 381.409, 381.412, 381.413, 381.443, 381.444, 381.445, 381.454, 381.456, 381.460, 381.461, 381.462, 381.463, 381.480, 381.500 (1997 1998-55-PR 59767-effective-March-23-1990-55-PR-7289-effective-August-28-1990-55-PR-49826-and-58881-effective-May-29-1991-56-PR-1359-effective-September-37-1991-56-PR-22630-effective-January-27-1992-56-PR 67485-effective-March-27-1992-57-PR-24542-effective-July-10-1992-57-PR-43580-effective-October-21-1992-58-PR-38046-effective-August 167-1993-59-PR-14520-effective-May-27-1994-58-PR-632-58-PR-43787-58-PR-47824-and-59-PR-12157-effective-July-67-1994-59-PR-49289-effective-August-07-1994-59-PR-45189-effective-September-17-1994-60-PR-174-and-correction-printed-at-60-PR-5762-effective-January-37 1995-60-PR-10304-effective-February-24-1995-60-PR-12883-effective-May-87-1995-59-PR-24230-and-60-PR-174-effective-November-10-1995-60-PR-67444-effective-July-17-1996-60-PR-44367-effective-August-267 1996-60-PR-55962-effective-November-47-1996-7-61-PR-66190-and-61-PR 68021-effective-December-17-1996).

- b) Each shipping container and each immediate container containing inspected and passed poultry and/or poultry products shall be identified in accordance with the labeling provisions of this Section.
- c) Immediate containers of poultry products packed in, bearing or containing any chemical additive shall bear a label naming the additive and the purpose of its use.

- d) Labels for consumer packages shall be approved if the label is not misbranded in accordance with Section 2.20 of the Act and is in compliance with this Section.

- e) The specific statements listed in 9 CFR 381.121 may be added to the label for the shipping container at the option of the licensee.

- f) The quantity of contents as shown on the label shall be in compliance with the Weights and Measures Act and the rules adopted thereto (8 Ill. Adm. Code 600.600-120).

- g) No labeling or containers that have not been approved shall be used until a final decision is rendered at an administrative hearing in accordance with Section 19 of the Act and Section 125-60.

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- h) The Department shall approve the manufacture of a device or label containing an official mark of inspection provided the device or label is in compliance with Section 125.90.
- i) Labeling and sketch labeling shall be approved by the Department if the label is in compliance with the provisions of this Section and the label is not misbranded in accordance with Section 2.20 of the Act. All labels and sketch labels shall be submitted to the Springfield office of the Department for approval.
- j) The Department shall approve temporary labeling as stated in 9 CFR 381.132(f). Labeling which has received temporary approval shall not be used beyond the temporary approval period unless the printer or manufacturer of the label is unable to provide the official establishment with the permanent labels before the expiration of the temporary approval.
- k) A copy of each label submitted for approval shall be accompanied by a statement showing the common or usual names, the kinds and percentages of the ingredients comprising the poultry product and a statement indicating the method or preparation of the product with respect to which the label is to be used. Laboratories used for chemical analysis shall be any approved laboratory as defined in 8 Ill. Adm. Code 20.1.
- l) The Department does not approve terms for generic labeling and considers the approval of terms as generic to be the responsibility of the federal government.
- m) The Department does not issue a list of approved packaging materials and will permit for use any packaging material which has been approved by the U.S. Department of Agriculture (see 9 CFR 317.24 (1997) 49--PR 22357--effective-July-17-1984).
- n) Labels and devices approved for use pursuant to Section 125.90 and this Section shall be disposed of only when such labels or devices have been mutilated or damaged or when the establishment ceases to do business. Such labels and devices shall be given to the inspector for disposition.
- o) The inspector shall grant authorization to transport labels, wrappers and containers bearing official marks from one official establishment to another official establishment provided the official establishment provides to the inspector the information required in 9 CFR 381.138 so that the inspector can notify the inspector at the destination point. Labels to be used for the relabeling of inspected and passed product shall be permitted to leave the official establishment when the product must be relabeled because the original labels have become mutilated or damaged. The official establishment shall reimburse the Department for any overtime costs, if applicable, involved for the inspector to supervise the relabeling of a product. The overtime charges shall be as set forth in Section 125.80.
- q) Labeling of custom slaughtered and/or custom processed poultry and/or poultry products and the containers containing custom slaughtered and/or custom processed poultry products shall be as set forth in

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Section 5 of the Act.

- r) The Department shall approve only those abbreviations for marks of inspection as specifically stated in Section 2.26(j)(3), (4), (5) and (9) of the Act.

(Source: Amended 1<sup>st</sup> at 21 Ill. Reg. 11194, effective AUG 1 1997)

### Section 125.390 Entry of Articles Into Official Establishments; Processing Inspection and Other Reinspections; Processing Requirements

- a) The Department incorporates by reference 9 CFR 381.145(b) through 381.148, 381.149, 381.150 through 381.151, 381.200, 381.300 through 381.311 (1997 1990-55-PR-59767--effective-March-23-1990-55-PR-230707 effective-July-67-1990-56-PR-651797--effective-January-15-1992-57-PR 280837--effective-July-24-1992-57-PR-4355807--effective-October-21-1992-58-PR-4067--effective-February-12-1993-58-PR-421887--effective-September-87-1993-59-PR-630337--effective-December-30-1993-61-PR 100477--effective-June-24-1996-61-PR-392737--effective--August--207 1996).
- b) No poultry or poultry product shall be brought into an official establishment unless it is inspected or has been prepared in an official establishment or in a federally licensed establishment and is identified by an official inspection legend as set forth in Section 125.90, the federal inspection legend, or is exempt from inspection as stated in Section 125.110. However, poultry or poultry products imported into the United States may be transported to an inspection site in accordance with the provisions of 9 CFR 381.200 for reinspection.
- c) Poultry and poultry products received in an official establishment during the absence of the inspector shall be identified as set forth in Section 125.360 and, unless exempt from inspection, shall not be used or prepared until they have been reinspected. Any poultry and/or poultry product originally prepared at any official establishment may not be returned to any part of such establishment other than the receiving area until it has been reinspected and passed by the inspector.
- d) The official establishment shall maintain an inventory of non-poultry items (e.g., spices, preservatives) which are received at the official establishment. Any product that is brought on the premises of an official establishment contrary to the provisions of this Section shall be removed immediately from such establishment by the operator of the establishment.
- e) Reinspections of poultry and/or poultry products within the official establishment shall be performed through the use of a random digit table.
- f) Poultry feet shall be approved for processing for human food in accordance with the procedures set forth in the "Meat and Poultry

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- Inspection Manual" as adopted by the Department in Section 125.20.
- g) The Department does not approve new substances to be used on poultry or in poultry products, their uses or the levels of use of an approved substance. Such substances will be permitted to be used if they will not adulterate the poultry and/or poultry product in accordance with Section 2.11 of the Act and are in compliance with the provisions of this Section.
- h) Ready-to-heat-and-eat poultry or stuffed ready-to-roast poultry may be moved from an official establishment prior to freezing in accordance with the provisions of Section 125.330 (specifically the incorporated language in 9 CFR 381.66(f)(3)).
- i) Any method of cleaning immediate containers used for the holding of poultry and poultry products shall be approved if such method is in compliance with the sanitation requirements (see Section 125.330).
- j) Canned poultry products which may be processed without steam-pressure cooking shall be those products as stated in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.
- k) The inspector shall permit lots of canned poultry products to be shipped from the official establishment prior to the completion of the incubation period on the representative samples in accordance with the specific provisions in 9 CFR 381.309.
- l) Disinfectants which may be used in an official establishment shall be those products on the "List of Proprietary Substances and Nonfood Compounds" as adopted by the Department in Section 125.20.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.400 Definitions and Standards of Identity or Composition

- a) The Department incorporates by reference 9 CFR 381: Subpart P (1997 1999;--55--PR-34678;--effective--September--24;--1999;--60--PR-559627 effective-November-4-1996).
- b) Cooling of poultry shall be in accordance with the provisions set forth in Section 125.330.
- c) Definitions and standards of identity or composition for poultry products shall be as set forth in this Section and in Section 13(d) of the Act.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)

## Section 125.410 Transportation; Sale of Poultry or Poultry Products

- a) The Department incorporates by reference 9 CFR 381.189 through 381.193 (1997 1999)7-60-PR-433567-effective-September-207-1995.
- b) Transportation of dead, dying, disabled or diseased poultry and parts of carcasses or poultry that has died otherwise than by slaughter at

## DEPARTMENT OF AGRICULTURE

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- an official establishment, unless exempt from inspection and transportation requirements as set forth in Section 125.110, shall be in accordance with Section 125.120.
- c) The manner for handling heads and feet of poultry shall be as set forth in the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.
- d) References in the incorporated language to USDA and PPIA shall mean the Illinois Department of Agriculture and the ~~the~~ Meat and Poultry Inspection Act, respectively. References to "penalties in Section 11 of the Act" shall mean as set forth in Section 19 of ~~the~~ Meat and Poultry Inspection Act.

(Source: Amended at 21 Ill. Reg. 11494, effective AUG 1 1997)



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Solicitation for Charitable Payroll Deductions
- 2) Code Citation: 80 Ill. Adm. Code 2650
- 3) Sections Numbers Adopted Action  
2650.10 Amended
- 4) Statutory Authority: Implementing and authorized by Section 9 of the Illinois Personnel Code [20 ILCS 415/9] and Section 5 of the Voluntary Payroll Deduction Act of 1983 [5 ILCS 340/5].
- 5) Effective Date of Amendments: August 1, 1997
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: August 1, 1997
- 9) Notice of Proposal Published in Illinois Register: April 18, 1997, 21 Ill. Reg. 4894
- 10) Has JCAR issued a Statement of Objections to the Amendments? No
- 11) Differences between proposal and final version: No changes were made.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these amendments replace an emergency amendment currently in effect?  
No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: Has the Director of Central Management Services appoint certain members of the advisory committee. Term of appointment is set at one year with possibility of appointment for 2 more terms.
- 16) Information and questions regarding this adopted amendment shall be directed to:

Stephen W. Seiple  
720 Stratton Office Building  
Springfield, IL 62706  
(217)782-9669  
TDD (217)785-3979

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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The full text of the Adopted Amendments begin on the next page.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

## TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

## SUBTITLE G: PAYROLL DEDUCTIONS

## CHAPTER III: DEPARTMENT CENTRAL MANAGEMENT SERVICES

## PART 2650

## SOLICITATION FOR CHARITABLE PAYROLL DEDUCTIONS

Section	
2650.1	Definitions
2650.5	Entitlement
2650.10	Organization
2650.15	Annual Drive
2650.20	Recognition
2650.25	Request to Solicit Employees
2650.30	Prohibitions
2650.40	Code of Campaign Conduct
2650.50	Violation of Code of Campaign Conduct
2650.60	Committee on Campaign Conduct
2650.70	Allocation of Expenses to SECA Participants Membership

**AUTHORITY:** Implementing and authorized by Section 9 of the Illinois Personnel Code [20 ILCS 415/9] and Section 5 of the Voluntary Payroll Deduction Act of 1983 [5 ILCS 340/5].

**SOURCE:** Emergency rules adopted at 12 Ill. Reg. 6975, effective April 1, 1988, for a maximum of 150 days; emergency repealer adopted at 12 Ill. Reg. 10191, effective June 10, 1988, for a maximum of 150 days; adopted at 13 Ill. Reg. 3330, effective March 6, 1989; amended at 16 Ill. Reg. 11438, effective July 6, 1992; amended at 18 Ill. Reg. 3115, effective February 22, 1994; amended at 21 Ill. Reg. 11532, effective AUG 1 1997.

## Section 2650.10 Organization

- a) The Director shall have general administrative and policy authority regarding SECA.
- b) An advisory committee to assist in implementing and regulating the State and University Employees Combined Appeal (SECA) is herewith established under the chairmanship of the Director (or his/her designee). Membership of this committee will consist of five or more State employees "at large" representing employee interests; the prior year's SECA chairperson; the ~~Director~~ of--the Lieutenant Governor ~~Governor's--Office--of--Volunteer--Services~~ or his/her designee; a representative of a State employee labor organization; ~~one public member~~; and the appointed SECA Chairperson for the current year. The at-large members and the labor organization representative shall be appointed by the Director. No State employee shall serve more than three consecutive one-year terms. ~~The State employees--representatives of--a State employees-labor organization and the public member will be~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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~~appointed by--the--Governor~~: The committee shall meet at least quarterly. The function of the committee is to advise the Director on SECA matters, including:

- 1) Discussion and planning of the administration and conduct of the annual campaign.
- 2) Review of combined campaign materials, educational programs, publicity efforts, campaign goals and recognition-award programs.
- 3) Selection process for SECA coordinators.
- 4) Verification of continuing eligibility through the Comptroller's Office.
- 5) Any other issues determined to be consistent with the functions of the committee.

A representative from each Qualified Charitable Organization may attend and speak at each advisory committee meeting, but shall not have a vote on the advisory committee.

- c) A chairperson for each annual SECA shall be appointed by the Governor. Said chairperson shall serve on the advisory committee to assist the Director on functions specified in subsections (b)(2) and (b)(3) above. Each chief officer shall appoint an executive coordinator for each annual campaign. SECA coordinators or other agency employees shall be permitted work time to perform their responsibilities, including campaign briefings and training, distribution of literature, collection of pledge cards, telephone and contact with representatives of the Qualified Charitable Organizations. SECA coordinators will be permitted to request liaisons to assist where an agency has multiple workites. SECA liaisons will be given time to meet with their coordinator for training. Any State employee who volunteers for the campaign shall contribute time solely during non-work hours.

(Source: Amended at 21 Ill. Reg. 11532, effective AUG 1 1997)

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Certification
- 2) Code Citation: 23 Ill. Adm. Code 25
- 3) Section Numbers: Adopted Action:  
 25.95 Amendment  
 25.437 New Section  
 25.710 Amendment  
 25.730 Amendment  
 25.732 Amendment  
 25.733 New Section  
 25.780 Amendment
- 4) Statutory Authority: 105 ILCS 5/Art. 21, 14C-8 and 2-3.6
- 5) Effective Date of Amendments: August 1, 1997
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these amendments contain an incorporation by reference? The rules do not contain an incorporation by reference under Section 5-75 of the Illinois Administrative Procedure Act.
- 8) Date filed in agency's principal office: July 31, 1997
- 9) Notice(s) of proposal published in Illinois Register: 21 Ill. Reg. 4898; April 18, 1997

- 10) Has JCARE issued a Statement of Objection to these rules? No

11) Difference(s) between proposal and final version: In Section 25.95, cross-references were clarified in subsections (b)(1) [added "(b)(1)" before "(A) through (D)"]; in (b)(2) [added "(b)(2)" before "(A) through (D)"]; (b)(3) [added "(b)(3)" before "(A) through (E)"]; in (b)(4) [added "(b)(4)" before "(A) through (E)"]; and in (b)(5) [added "(b)(5)" before "(A) through (D)"].

In Sections 25.95(b)(6) and (7)(ix), the Arabic numbers before semester hours' were removed.

In Sections 25.95(b)(7)(C)(ii), (C)(v), (C)(vi), (C)(vii) and (C)(viii), the period was removed at the end of the statement.

The title of Section 25.733 was changed from "Registrations" to "Registration".

Throughout Section 25.780, the decimal points, and zeros that followed, were removed from all dollar amounts listed.

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- 12) Have all the changes agreed upon by the agency and JCARE been made as indicated in the agreement letter by JCARE? No agreement letter was issued by the Joint Committee on Administrative Rules.
- 13) Will this amendment replace an emergency rule currently in effect? No
- 14) Are there any other proposed amendments pending on this Part? No
- 15) Summary and purpose of the amendments: The amendments do the following:  
 \* Provide for general education equivalency among various certificates. This is currently done for graduates of approved out-of-state programs. This proposed change will allow graduates of Illinois institutions to be treated the same as those from approved out-of-state institutions.
- \* Set forth procedures for emergency registration for certification testing. Experience has shown a need to permit emergency registration, particularly in order to accommodate individuals such as those whose provisional certificates are about to lapse. In the past, because there was no emergency registration procedure, those requests could not be accommodated and the certificates have expired. The proposed procedure will enable the State Board of Education to avoid creating a hardship both for individuals and for districts that might find themselves suddenly without qualified staff. The amount of the fee takes into the consideration the costs associated with the provision of these services.

In addition, the names of the test fields of Home Economics and Industrial Arts have been changed to Family and Consumer Sciences and Industrial Technology Education, respectively, to bring them in line with terminology currently in use.

- 16) Information and questions regarding this adopted amendment shall be directed to:

J. Robert Sampson  
 Professional Preparation Division  
 Illinois State Board of Education  
 100 North First Street, S-306  
 Springfield, Illinois 62777-0001  
 (217) 782-2805

The full text of the adopted amendments begins on the next page:



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## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER b: PERSONNEL

## PART 25

## CERTIFICATION

## SUBPART A: DEFINITIONS

## Section

25.10	Definition of Terms Used in This Part
SUBPART B: CERTIFICATES	
Section	
25.20	State Elementary School Certificate
25.30	State High School Certificate
25.40	State Special Certificate
25.43	Standards for Certification of Special Education Teachers
25.45	Standards for the Standard Special Certificate--Speech and Language Impaired
25.50	General Certificate
25.60	State Special Certificate, Grades 11-12, For Teaching Elective Subjects
25.70	State Provisional Vocational Certificate
25.75	Part-time Provisional Certificates
25.80	Early Childhood Certificates
25.90	Transitional Bilingual Certificate and Examination
25.95	Majors, Minors, and Separate Fields for the Illinois High School Certificate
25.99	Endorsing Teaching Certificates

SUBPART C: APPROVING THE TEACHER EDUCATION PROGRAMS OF THE  
TEACHER EDUCATION INSTITUTIONS OF THE STATE OF ILLINOIS

## Section

25.110	System of Approval: Levels of Approval
25.120	Standards and Criteria for Institutional Recognition and Program Approval
25.130	Procedures for Initial Recognition as a Teacher Education Institution
25.140	Procedures for Approval of New or Modified Teacher Education Programs and Consortia
25.150	The Periodic Review Process

## SUBPART D: SCHOOL SERVICE PERSONNEL

## Section

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25.210	Requirements for the Certification of School Social Workers
25.220	Requirements for the Certification of Guidance Personnel
25.230	Requirements for the Certification of School Psychologists
25.240	Standard for School Nurse Endorsement

SUBPART E: REQUIREMENTS FOR THE CERTIFICATION OF  
ADMINISTRATIVE AND SUPERVISORY POSITIONS

## Section

25.310	Definitions (Repealed)
25.311	Administrative Certificate
25.315	Renewal of Administrative Certificate
25.320	Application for Approval of Program (Repealed)
25.322	General Supervisory Endorsement
25.330	Standards and Guide for Approved Programs (Repealed)
25.333	General Administrative Endorsement
25.344	Chief School Business Official Endorsement
25.355	Superintendent

## SUBPART F: GENERAL PROVISIONS

## Section

25.405	Military Service
25.410	Revoked Certificates
25.415	Credit in Junior College
25.420	Psychology Accepted as Professional Education
25.425	Individuals Prepared in Out-of-State Institutions
25.427	Three-Year Limitation
25.430	Institutional Approval
25.435	School Service Personnel Certificate--Waiver of Evaluations
25.437	Equivalency of General Education Requirements
25.440	Master of Arts NCATE
25.442	Illinois Teacher Corps Programs
25.445	College Credit for High School Mathematics and Language Courses
25.450	Lapsed Certificates
25.455	Substitute Certificates
25.460	Provisional Special and Provisional High School Certificates
25.465	Credit
25.470	Meaning of Experience on Administrative Certificates
25.475	Certificates and Permits No Longer Issued
25.480	Credit for Certification Purposes
25.485	Provisional Recognition of Institutions
25.490	Rules for Certification of Persons Who Have Been Convicted of a Crime
25.493	Part-Time Teaching Interns
25.495	Approval of Out-of-State Institutions and Programs
25.497	Supervisory Endorsements

## SUBPART G: THE UTILIZATION OF TEACHER AIDES AND

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## OTHER NONCERTIFIED PERSONNEL

Section	Teacher Aides
25.510	Other Noncertificated Personnel
25.520	Specialized Instruction by Noncertificated Personnel
25.530	Approved Teacher Aide Programs
25.540	

## SUBPART H: CLINICAL EXPERIENCES

Section	Definitions
25.610	Student Teaching
25.620	Pay for Student Teaching
25.630	

## SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

Section	Purpose - Severability
25.705	Definitions
25.710	Test Validation
25.715	Test Equivalence
25.720	Applicability of Testing Requirement
25.725	Applicability of Scores
25.728	Use of Basic Skills Test at Time of Entry into Teacher Education
25.730	Registration
25.732	Late Registration
25.733	Emergency Registration
25.735	Frequency and Location of Examination
25.740	Accommodation of Persons with Special Needs
25.745	Special Test Dates
25.750	Conditions of Testing
25.755	Voiding of Scores
25.760	Passing Score
25.765	Individual Test Score Reports
25.770	Rescoring
25.775	Institution Test Score Reports
25.780	Fees
APPENDIX A	Statistical Test Equating - Certification Testing System

**AUTHORITY:** Implementing Article 21 and Section 14C-8 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/Art. 21, 14C-8, and 2-3.6].

**SOURCE:** Rules and Regulations to Govern the Certification of Teachers adopted September 15, 1977; amended at 4 Ill. Reg. 28, p. 336, effective July 16, 1982; amended at 7 Ill. Reg. 5429, effective April 11, 1983; codified at 8 Ill. Reg. 1441; amended at 9 Ill. Reg. 1046, effective January 16, 1985; amended at 10 Ill. Reg. 12578, effective July 8, 1986; amended at 10 Ill. Reg. 15044,

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effective August 28, 1986; amended at 11 Ill. Reg. 12670, effective July 15, 1987; amended at 12 Ill. Reg. 3709, effective February 1, 1988; amended at 12 Ill. Reg. 16022, effective September 23, 1988; amended at 14 Ill. Reg. 1243, effective January 8, 1990; amended at 14 Ill. Reg. 17936, effective October 18, 1990; amended at 15 Ill. Reg. 17048, effective November 13, 1991; amended at 16 Ill. Reg. 18789, effective November 23, 1992; amended at 19 Ill. Reg. 16826, effective December 11, 1995; amended at 21 Ill. Reg. 11536, effective Aug 1 1997.

## SUBPART B: CERTIFICATES

## Section 25.95 Majors, Minors, and Separate Fields for the Illinois High School Certificate

## a) Principles and Definitions

- 1) No one college course may be counted in full toward more than one teaching area. The credit for a course may be divided between two or more areas.
- 2) An area or subject in which teachers are not commonly provided regular employment in public high schools of Illinois will be accepted as a teaching area (either major or minor) if it can be shown by the applicant to be taught as a subject in at least one Illinois public high school. The term "applicant" means either the individual who is seeking a certificate or the institution which may be recommending him.
- 3) A major for teacher certification purposes consists of at least 32 semester hours and must prepare the individual to teach at least one of the subjects included in the major. If the current requirements of the State Board of Education do not mention the subject, then the requirements for a similar area will be applied.
- 4) A minor for teacher certification purposes must prepare the individual to teach at least one of the subjects included in the field. If the current requirements of the State Board of Education do not mention the subject, then the requirements for a similar area will be applied.
- 5) One major and one minor, or three minors, as defined in this statement, are required for an Illinois High School Certificate.
- 6) The following teaching areas: language arts, biological sciences, physical sciences, social science, physical education, and foreign language, or their subdivisions, may be used to meet both the major or minor requirements for a certificate. Credit applicable for a major or minor cannot be counted for both.

## b) Teaching Fields

A teaching minor shall be defined as a university-sanctioned university--sanctioned major or minor provided that neither shall be less than 24 semester hours. This in no way conflicts with the current major field requirement for certification of 32 semester

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hours. This definition of subject area is contingent upon resuming the practice of endorsing subject fields on certificates and coordinating Recognition and Supervision requirements for teaching area preparation with certification standards.

- 1) A Language Arts major, composed of 26 semester hours and 6 semester hours in Rhetoric and/or Composition, must have 16-semester-hour 16-hour minors (with one exception)\* in:

- A) Speech
- B) Journalism
- C) Dramatics

\*D) English (20 semester hours)

Language Arts must serve as a 16-semester-hour minor with one of the above subjects, (b)(1)(A) through (D), as a major of at least 32 semester hours.

A Speech major or minor must include courses in Dramatics. A Dramatics major or minor must include courses in Speech. Any Rhetoric and/or Composition course not counted for the major must be counted for the minor.

- 2) A Biological Science major, composed of 32 semester hours, must have 16-semester-hour minors in:

- A) Botany
- B) Zoology
- C) Physiology
- D) Biology

Biological Science must serve as a 16-semester-hour minor with one of the above subjects, (b)(2)(A) through (D), as a major of at least 32 semester hours.

- 3) A Physical Science major, composed of 32 semester hours, must have 16-semester-hour minors in:

- A) Astronomy
- B) Chemistry
- C) Physics
- D) Geology
- E) Physical Geography

Physical Science must serve as a 16-semester-hour minor with one of the above subjects, (b)(3)(A) through (E), as a major of at least 32 semester hours.

- 4) A Social Science major, composed of 32 semester hours, must have 16-semester-hour minors in:

- A) History
- B) Economics
- C) Political Science
- D) Sociology
- E) Political Geography

Social Science must serve as a 16-semester-hour minor with one of the above subjects, (b)(4)(A) through (E), as a major of at least 32 semester hours.

- 5) A Physical Education major, composed of 32 semester hours, must

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have 16-semester-hour minors in:

- A) Health
- B) Safety and Driver Education
- C) Recreation
- D) Dance

Physical Education must serve as a 16-semester-hour minor with one of the above subjects, (b)(5)(A) through (D), as a major of at least 32 semester hours.

- 6) A Foreign Language major, composed of 32 semester hours in one language, must have a 20-semester-hour minor in a different Foreign Language.

One 11 semester hour must be allowed for each unit of high school Foreign Language not to exceed four 11 semester hours. If such credit is accepted by an institution of higher learning, and is noted on the official transcript, the amount of credit accepted by the institution will be accepted for teacher certification. Such credit must be in the same Foreign Language as used for a major and/or minor.

- 7) Minors

- A) 16-Semester-Hour 16-Semester-Hour Minors

- i) Library Science
- ii) Safety and Driver Education

- B) 20-Semester-Hour 20-Semester-Hour Minors

- i) Art
- ii) Business Education
- iii) Foreign Language (subject to subsection (b)(6) of this Section (See 6-above))

- iv) Health Education
- v) Instructional Materials
- vi) Mathematics\*
- vii) Music
- viii) Physical Education
- ix) psychology

\*One 11 semester hour may be allowed for each unit of high school Mathematics not to exceed four 11 semester hours. If such credit is accepted by an institution of higher learning, and is noted on the official transcript, the amount of credit accepted by the institution will be accepted for teacher certification.

- C) 24-Semester-Hour 24-Semester-Hour Minors

- i) Agriculture
- ii) English, Speech, Dramatics, or Journalism (including 6 semester hours in Rhetoric and/or Composition) if used with a major not classified as English Language Arts-
- iii) Family and Consumer Sciences Homemaking
- iv) Industrial Technology Education Industrial-Arts
- v) Biological Science, Botany, Zoology and Physiology if



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used with a major not classified as Biological Science:

- vi) Physical Science, Astronomy, Chemistry, Geology, Physical Geography, and Physics if used with a major not classified as Physical Science-
- vii) Social Science, History, Economics, Geography, Political Science, and Sociology if used with a major not classified as Social Science-
- viii) General Science including at least 8 semester hours Physical and 8 semester hours Biological-

## c) Definition of "Professional Courses"

The department in which a course is offered in a given institution shall not be the determining factor in deciding whether the course is a professional education course. The question is whether this course is commonly offered by other departments, schools or colleges of education.

(Source: Amended at 21 Ill. Reg. 11536, effective AUG 1 1985)

## SUBPART F: GENERAL PROVISIONS

**Section 25.437 Equivalency of General Education Requirements**

The specific general education requirements of Sections 25.20(a), 25.30(a), 25.40(a), and 25.80(e)(1) of this Part are designed to be an integral part of the preparation for the respective certificates designated in each. If a graduate from an approved Illinois teacher education program can demonstrate completion of the general education requirements for one of the four certificates, then those general education requirements also shall meet the general education requirements for any of the other ~~three~~ three certificate areas.

(Source: Added at 21 Ill. Reg. 11536, effective AUG 1 1985)

## SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

**Section 25.710 Definitions**

For the purposes of this Subpart, the following definitions apply:

"Passing raw score" is the minimum number of items which must be answered correctly on a given test.

"Passing score" is the minimum scaled score a person must obtain in order to pass a test.

"Rescoring" means the process of reviewing an examinee's answers and

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the scores assigned to them to confirm that a test score reported to an examinee is the score earned by him or her.

"Retake" is the opportunity for a person who has taken a test of the Illinois Certification Testing System at one test administration to take the test in the same area as given at subsequent administrations.

"Scaled score" is the person's test score after the mathematical transformation of the number of test items the person answered correctly to a scale of numbers on which the minimum score (0), the maximum score (100), and the passing score (70) are set.

"Subarea score" is the scaled score for the subset of test items on a subject matter test which measures specific content, and the "subarea score" is the scaled score for each subset of test items on the basic skills test which measures specific content in reading, writing, grammar, and mathematics.

"Test" or "Tests" refers to the test of basic skills and the tests of subject matter knowledge for the Illinois Certification Testing System. These tests are:

Agriculture  
Art (K-12)  
Art (6-12)  
Basic Skills  
Grammar  
Mathematics  
Reading  
Writing  
Biological Science  
Blind and Partially Sighted  
Business/Marketing/Management  
Chemistry  
Chief School Business Official  
Computer Science  
Dance  
Deaf and Hard of Hearing  
Early Childhood  
Educable Mentally Handicapped  
Elementary  
English  
English as a Second Language  
French  
General Administrative  
General Science  
General Supervisory  
German  
Guidance

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Health  
Health Occupations  
Hebrew  
History  
Family and Consumer Sciences Home-Economics  
Industrial Technology Education Industrial-Arts  
Italian  
Latin  
Learning Disabilities  
Mathematics  
Media  
Music (K-12)  
Music (6-12)  
Physical Education (K-12)  
Physical Education (6-12)  
Physically Handicapped  
Physical Science  
Physics  
Reading  
Russian  
School Nurse  
School Psychology  
School Social Work  
Social/Emotional Disorders  
Social Science  
Spanish  
Speech  
Speech and Language Impaired  
Superintendent  
Theatre Arts  
Trainable Mentally Handicapped

"Test items" are specific questions asked on a test that require a person either to select the correct response from those alternative responses provided or to produce a written response.

"Test objective" is a statement of the behavior or performance measured by test items.

(Source: Amended at 21 Ill. Reg. 11538, effective AUG 1, 1988)

## Section 25.730 Registration

Registration materials and information about the tests will be available from the State Board of Education, 100 North First Street, Springfield, Illinois 62777-0001.

a) An individual's registration form must be either received by the State

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Board of Education on or before the registration deadline or must be postmarked by the United States Postal Service on or before the registration deadline and received by the State Board of Education by the late registration deadline as specified in Section 25.732 of this Part. An individual's registration form must include the following:

- 1) Registrant's name, both home address and address while at school, telephone number, Social Security number, date of birth, sex, ethnicity, and certification status;
  - 2) Name and identification number of test(s);
  - 3) Test date and test site identification number;
  - 4) Name of Illinois teacher preparation institution attended, if applicable, and student status within said institution;
  - 5) An assurance that the registrant will abide by all the conditions of testing set forth in Section 25.750 of this Part;
  - 6) An assurance that the registrant has not had and will not seek access to any secure test materials prior to the test date; and
  - 7) The registrant's signature, which shall certify that the facts and assurances presented are true to the best of the registrant's knowledge and belief.
- b) The State Board of Education will acknowledge receipt of registration forms within four weeks of their receipt.
- c) An individual may amend or cancel his or her registration by submitting a properly completed change of registration form to the State Board of Education. The change of registration form must be postmarked by the registration deadline and must be received by the State Board of Education no later than six calendar days after the registration deadline. Changes that may be made by an individual to his or her registration are:
- 1) changing the test site or test date;
  - 2) adding a test or tests; and
  - 3) deleting a test or tests.
- d) All requests for changes to a registration, except for deletion of a test or tests, must be accompanied by payment of the appropriate fee as set forth in Section 25.780 of this Part.
- e) An individual who cancels her or his registration in accordance with this Section, including meeting the specified deadline, will receive a partial refund as set forth in Section 25.780 of this Part. An individual who cancels his or her registration other than in strict accordance with this Section, or who is absent from the test administration, will receive no refund or credit of any kind.
- f) The registration deadline for each test administration will be six calendar weeks prior to the test administration date.
- g) The State Board of Education may issue a fee credit to an individual who is absent from a test administration for which he or she was registered because of a medical emergency or death provided that:
- 1) a written request is received by the State Board of Education no later than six months from the date of the missed test administration, and

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- 2) a written statement from a member of the medical profession or funeral home documenting the reason for the absence accompanies the request.

(Source: Amended at 21 Ill. Reg. 11536, effective AUG 1 1997)

**Section 25.732 Late Registration**

Late registration for individuals not meeting the deadlines established in Section 25.730 of this Part will be permitted.

- a) An individual's late registration form must be received by the State Board of Education no later than the close of business three weeks before the date of test administration and must include the information specified in Section 25.730(a) of this Part.
- b) The State Board of Education will acknowledge receipt of late registration forms within two weeks of their receipt.
- c) All requests for a late registration must be accompanied by payment of the appropriate fee as set forth in Section 25.780 of this Part.
- d) Late registration requests for the accommodation of persons with special needs as specified in Section 25.740 of this Part or a special test date as specified in Section 25.745 of this Part will be honored by the State Board of Education only if space, staff, and time constraints allow.
- e) An individual may amend or cancel his or her registration or late registration after the registration deadline but on or before the late registration deadline by submitting a properly completed late change of registration form to the State Board of Education. The late change of registration form must be received by the State Board of Education by the late registration deadline. ~~No-refunds-for-changes-in-late registration-will-be-permitted.~~ Changes that may be made by an individual to his or her registration or late registration are:
  - 1) changing the test site or test date;
  - 2) adding a test or tests; and
  - 3) deleting a test or tests.
- f) All requests for changes to a late registration, except for deleting a test or tests, must be accompanied by the appropriate fee for a change in registration as set forth in Section 25.780 of this Part.
- g) All requests for a change to a regular registration received by the State Board of Education between the registration and late registration deadlines must be accompanied by the appropriate fee for a change in registration and for a late registration as set forth in Section 25.780 of this Part.
- h) The late registration deadline for each test administration will be three calendar weeks prior to the test administration date.

(Source: Amended at 21 Ill. Reg. 11536, effective AUG 1 1997)

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

**Section 25.733 Emergency Registration**

A limited number of emergency registrations per test administration will be allowed on a space-available basis.

- a) Emergency registration will be offered at a limited number of test sites throughout the state, as identified in the current year "Illinois Certification Testing System Registration Bulletin."
- b) Emergency registrations will be accepted up until the close of business on the Tuesday before the Saturday test date.
- c) All requests for emergency registration must be made by telephone to the testing company identified in the "Illinois Certification Testing System Registration Bulletin." Fees will be payable by credit card only as specified in Section 25.780(i) of this Part.
- d) All individuals registering by emergency registration must complete, prior to testing, a registration form and sign an assurance that they will abide by all the conditions set forth in Section 25.750 of this Part. Registration forms and assurance statements will be available at the test sites on the day of the test.

(Source: Added at 21 Ill. Reg. 11536, effective AUG 1 1997)

**Section 25.780 Fees**

- a) Each registration form shall be accompanied by payment of a fee in the amount of \$44-00 per test to be taken.
- b) Each request for rescoring of a test shall be accompanied by payment of a fee in the amount of \$25-00, which shall be refunded if the original scoring is found to be in error.
- c) Each request for an additional individual score report shall be accompanied by payment of a fee in the amount of \$10-00.
- d) Each change of registration form or change of late registration form requesting a change in the test(s), test date or test site for which the individual is scheduled shall be accompanied by payment of a fee in the amount of \$15-00.
- e) Each change of registration form or change of late registration form requesting to add a test or tests to an individual's registration shall be accompanied by payment of a fee in the amount of \$44-00 per test to be added.
- f) An individual who cancels his or her registration in accordance with Section 25.730 of this Part shall receive a refund in the amount of \$22-00 per test for which he or she registered.
- g) Each late registration form shall be accompanied by payment of a fee of \$30-00 in addition to the payment of the fee for each test to be taken as specified in this Section.
- h) Only ~~certified-bank-checks~~ cashiers' checks and money orders will be accepted for payment of fees.
- i) Payment of fees for emergency registration must be made by credit card



## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

only, as identified in the current year "Illinois Certification Testing System Registration Bulletin."

- 1) A fee of \$100, in addition to the fee for each test to be taken as specified in subsection (a) of this Section, will be charged for each emergency registration.
- 2) No refund or credit of any kind shall be made to any person who registers by emergency registration.

(Source: Amended at 21 Ill. Reg. 11536, effective AUG 1 1997)

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Health Examinations and Immunizations

- 2) Code Citation: 23 Ill. Adm. Code 625

- 3) Section Numbers: Adopted Action:

625.10 Amendment

625.20 Amendment

625.30 Amendment

625.40 Amendment

625.50 Amendment

- 4) Statutory Authority: 105 ILCS 5/27-8.1 and 2-3.6

- 5) Effective Date of Amendments: August 1, 1997

- 6) Does this rulemaking contain an automatic repeal date? No

- 7) Do these amendments contain an incorporation by reference? The rules do not contain an incorporation by reference under Section 5-75 of the Illinois Administrative Procedure Act.

- 8) Date filed in agency's principal office: July 31, 1997

- 9) Notice(s) of proposal published in Illinois Register: 21 Ill. Reg. 4913; April 18, 1997.

- 10) Has JCAR issued a Statement of Objection to these rules? No

- 11) Difference(s) between proposal and final version: No changes have been made.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter by JCAR? No changes were requested by JCAR.

- 13) Will this amendment replace an emergency rule currently in effect? No

- 14) Are there any other proposed amendments pending on this Part? No

- 15) Summary and purpose of the amendments: P.A. 89-618, effective August 9, 1996, changed the date that school districts must report student compliance with the requirements of Section 27-8.1 regarding health examinations and immunizations. In addition, other technical changes have been made.

- 16) Information and questions regarding this adopted amendment shall be directed to:

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

Connie J. Wise  
Research and Policy Division  
Illinois State Board of Education  
100 North First Street, S-284  
Springfield, Illinois 62777-0001  
(217) 782-3950

The full text of the adopted amendments begins on the next page:

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES

CHAPTER I: SUBTITLE A: EDUCATION

SUBCHAPTER 0: MISCELLANEOUS

## PART 625

## HEALTH EXAMINATIONS AND IMMUNIZATIONS

## Section

625.10	Requirements <del>Deadline</del> for Immunization and Examination
625.20	District Survey of Attendance Centers
625.30	Deadline for School District Reports
625.40	Failure to File Reports
625.50	Non-Compliance Notices
625.60	Notice to Regional Superintendent
625.70	Notice of Opportunity for Hearing
625.80	Periodic Audits

AUTHORITY: Implementing Section 27-8.1 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/27-8.1 and 2-3.6].

SOURCE: Adopted at 4 Ill. Reg. 38, p. 180, effective September 5, 1980; codified at 7 Ill. Reg. 10590; amended at 21 Ill. Reg. 11551, effective AUG 1 1987.

Section 625.10 Requirements ~~Deadline~~ for Immunization and Examination

Ninety percent ~~By-October-15-1980-80%~~ of all enrolled pupils in each school district must meet Illinois Department of Public Health immunization requirements in each disease category and have had the Illinois Department of Public Health Examination for the school district to be in compliance with Section paragraph 27-8.1 of the School Code [105 ILCS 5/27-8.1]. Pupils who are exempt from health examination or immunization on religious or medical grounds shall be counted in compliance with the law. ~~By-October-15-1980-80% of--all--enrolled--pupils--must--meet--the--foregoing--requirement--for--the--school--district--to--be--in--compliance--with--paragraph-27-8.1--of--the--School-Code-~~

(Source: Amended at 21 Ill. Reg. 11551, effective AUG 1 1987)

## Section 625.20 District Survey of Attendance Centers

On October 15 or the first school day thereafter if school is not in session on October 15, or on an earlier exclusion date established by the district pursuant to Section 27-8.1 of the School Code, each school district shall conduct a survey of each attendance center in the district to determine the number of students in compliance with the immunization and health examination requirements of Section paragraph 27-8.1 of the School Code.

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 21 Ill. Reg. 11551, effective AUG 1 1997)

**Section 625.30 Deadline for School District Reports**

School districts shall by November 15 ~~October-30~~ report to the State Board of Education the number of students who have received the necessary health examinations and immunizations, the number of students who are not exempt and have not received the required immunizations and health examinations and the number of students exempt from the health examination and immunization requirements for religious or medical reasons, on forms provided by the State Board of Education. A copy shall also be delivered to the Regional Superintendent.

(Source: Amended at 21 Ill. Reg. 11551, effective AUG 1 1997)

**Section 625.40 Failure to File Reports**

Any school districts whose reports have not been mailed or delivered to the State Board of Education by November 15 ~~October-30~~ will immediately be issued a Notice of Non-Compliance with Section ~~paragraph~~ 27-8.1 of the School Code and be given Notice of Opportunity for Hearing on Proposed 10% Reduction in State Aid Payments beginning December 10 ~~November--20~~ and semi-monthly thereafter until compliance is documented.

(Source: Amended at 21 Ill. Reg. 11551, effective AUG 1 1997)

**Section 625.50 Non-Compliance Notices**

By December 1 ~~November--10~~, the State Board of Education shall determine from submitted reports which districts should be cited for non-compliance with the percentage requirements of Section ~~paragraph~~ 27-8.1 of the School Code. The State Board of Education shall immediately issue Notices of Non-Compliance and Opportunity for Hearing on Proposed 10% Reduction in State Aid Payments beginning December 10 ~~November--20~~ and semi-monthly thereafter until compliance levels are reached and documented.

(Source: Amended at 21 Ill. Reg. 11551, effective AUG 1 1997)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Medical Assistance Programs
- 2) Code Citation: 89 Ill. Adm. Code 120
- 3) Section Numbers: 120.60  
120.347  
Adopted Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rulemaking: August 1, 1997
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: August 1, 1997
- 9) Notice of Proposal Published in Illinois Register: March 14, 1997 (21 Ill. Reg. 3027)
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version: The following changes have been made to the text of the proposed amendments:  
  
"Article VII", which has been repealed, was removed from the Authority Note.  
  
Section 120.60  
  
In subsections (a)(2) and (3), the striking has been removed from "the".  
  
In subsections (c)(3)(A)(iii), (c)(3)(B), (c)(4) and (c)(4)(B) "not for a payor source" has been changed to "he or she had a source of payment".  
  
In subsection (c)(4), the comma following "source of payment" has been underlined.  
  
No other changes have been made in the text of these amendments.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? Yes



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

Section Numbers	Proposed Action	Illinois Register Citation
120.330	Amendment	March 7, 1997 (21 Ill. Reg. 2913)
120.382	Amendment	March 7, 1997 (21 Ill. Reg. 2913)

15) Summary and Purpose of Rulemaking: These amendments to Section 120.60 revise the provisions regarding enrollment in spend-down to ensure that the Department's rules do not impede an individual's opportunity to receive a transplant. The rules currently require that individuals meet certain criteria to be enrolled in spend-down and a person who is on a waiting list to receive a transplant does not meet one criterion. However, the Department has recently become aware that transplant centers will not place Medicaid eligible individuals on a waiting list if they lack spend-down status.

Individuals are not enrolled in spend-down unless they either have sufficient medical expense to meet their spend-down obligation or they have income and assets below the Qualified Medicare Beneficiary (QMB) asset disregard. These provisions have saved the Department the administrative costs of maintaining cases with large spend-down amounts in unmet spend-down status while still ensuring that individuals who are Medicaid eligible are authorized in a timely manner.

Since being advised that transplant centers will not place individuals on a waiting list to receive transplants unless they are enrolled in spend-down, the Department has decided to modify its rules to allow spend-down status for persons on a waiting list or who would be on a waiting list to receive a transplant if they had a source of payment.

In addition, amendments to Section 120.347 correct an omission that is necessary to align current Department policy and the rules, regarding the treatment of irrevocable trusts.

16) Information and questions regarding these adopted amendments shall be directed to:

Name: Joanne Jones  
Address: Bureau of Rules and Regulations  
Illinois Department of Public Aid  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763  
Telephone: (217) 524-0081

The full text of the Adopted Amendment begins on the next page:

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER b: ASSISTANCE PROGRAMS

## PART 120

## MEDICAL ASSISTANCE PROGRAMS

## SUBPART A: GENERAL PROVISIONS

## Incorporation By Reference

## SUBPART B: ASSISTANCE STANDARDS

Section  
120.1

Section  
120.10  
120.11

120.12

120.20  
120.30  
120.31  
120.40  
120.50

Section  
120.60

120.61

120.62

120.63

120.64

120.65

Eligibility For Medical Assistance  
Eligibility for Medical Assistance for Pregnant Women and for Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy (MANG(P) Program)  
Healthy Start - Medicaid Presumptive Eligibility Program For Pregnant Women  
MANG(AABD) Income Standard  
MANG(C) Income Standard  
MANG(P) Income Standard  
Exceptions To Use Of MANG Income Standard  
AMI Income Standard (Repealed)

## SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy  
Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG(AABD) and All Other Licensed Medical Facilities  
Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643

Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings  
Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy  
Department of Mental Health and Developmental Disabilities (DMHDD) Licensed Community - Integrated Living Arrangements

## SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

Section  
120.70 Supplementary Medical Insurance Benefits (SMIB) Buy-In Program  
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)  
120.73 Eligibility for Medical Payment of Medicare Part B Premiums as a Specified Low-Income Medicare Beneficiary (SLIB)  
120.74 Qualified Medicare Beneficiary (QMB) Income Standard  
120.75 Specified Low-Income Medicare Beneficiary (SLIB) Income Standard  
120.76 Hospital Insurance Benefits (HIB)

## SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section  
120.80 Recipient Restriction Program

## SUBPART F: MIGRANT MEDICAL PROGRAM

Section  
120.90 Migrant Medical Program  
120.91 Income Standards

## SUBPART G: AID TO THE MEDICALLY INDIGENT

Section  
120.200 Elimination of Aid to The Medically Indigent  
120.208 Client Cooperation (Repealed)  
120.210 Citizenship (Repealed)  
120.211 Residence (Repealed)  
120.212 Age (Repealed)  
120.215 Relationship (Repealed)  
120.216 Living Arrangement (Repealed)  
120.217 Supplemental Payments (Repealed)  
120.218 Institutional Status (Repealed)  
120.224 Foster Care Program (Repealed)  
120.225 Social Security Numbers (Repealed)  
120.230 Unearned Income (Repealed)  
120.235 Exempt Unearned Income (Repealed)  
120.236 Education Benefits (Repealed)  
120.240 Unearned Income In-Kind (Repealed)  
120.245 Earmarked Income (Repealed)  
120.250 Lump Sum Payments and Income Tax Refunds (Repealed)  
120.255 Protected Income (Repealed)  
120.260 Earned Income (Repealed)  
120.261 Budgeting Earned Income (Repealed)  
120.262 Exempt Earned Income (Repealed)  
120.270 Recognized Employment Expenses (Repealed)  
120.271 Income From Work/Study/Training Program (Repealed)  
120.272 Earned Income From Self-Employment (Repealed)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

120.273 Earned Income From Roomer and Boarder (Repealed)  
120.275 Earned Income In-Kind (Repealed)  
120.276 Payments from the Illinois Department of Children and Family Services (Repealed)  
120.280 Assets (Repealed)  
120.281 Exempt Assets (Repealed)  
120.282 Asset Disregards (Repealed)  
120.283 Deferral of Consideration of Assets (Repealed)  
120.284 Spend-down of Assets (AMI) (Repealed)  
120.285 Property Transfers (Repealed)  
120.290 Persons Who May Be Included in the Assistance Unit (Repealed)  
120.295 Payment Levels for AMI (Repealed)

## SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section  
120.308 Client Cooperation  
120.309 Caretaker Relative  
120.310 Citizenship  
120.311 Residence  
120.312 Age  
120.313 Blind  
120.314 Disabled  
120.315 Relationship  
120.316 Living Arrangements  
120.317 Supplemental Payments  
120.318 Institutional Status  
120.319 Assignment of Rights to Medical Support and Collection of Payment  
120.320 Cooperation in Establishing Paternity and Obtaining Medical Support  
120.321 Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support  
120.322 Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support  
120.323 Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause  
120.324 Health Insurance Premium Payment (HIPP) Program  
120.325 Health Insurance Premium Payment (HIPP) Pilot Program  
120.326 Foster Care Program  
120.327 Social Security Numbers  
120.330 Unearned Income  
120.332 Budgeting Unearned Income  
120.335 Exempt Unearned Income  
120.336 Education Benefits  
120.338 Incentive Allowance  
120.340 Unearned Income In-Kind  
120.342 Court Ordered Child Support Payments of Parent/Step-Parent  
120.345 Earmarked Income  
120.346 Medicaid Qualifying Trusts

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

120.347 Treatment of Trusts  
 120.350 Lump Sum Payments and Income Tax Refunds  
 120.355 Protected Income  
 120.360 Earned Income  
 120.361 Budgeting Earned Income  
 120.362 Exempt Earned Income  
 120.363 Earned Income Disregard - MANG(C)  
 120.364 Earned Income Exemption  
 120.366 Exclusion From Earned Income Exemption  
 120.370 Recognized Employment Expenses  
 120.371 Income From Work/Study/Training Programs  
 120.372 Earned Income From Self-Employment  
 120.373 Earned Income From Roomer and Boarder  
 120.375 Earned Income In Kind  
 120.376 Payments from the Illinois Department of Children and Family Services  
 120.379 Provisions for the Prevention of Spousal Impoverishment  
 120.380 Assets  
 120.381 Exempt Assets  
 120.382 Asset Disregard  
 120.383 Deferral of Consideration of Assets  
 120.384 Spend-down of Assets (MANG)  
 120.385 Property Transfers for Applications Filed Prior to October 1, 1989 (Repealed)  
 120.386 Property Transfers Occurring On or Before August 10, 1993  
 120.387 Property Transfers Occurring On or After August 11, 1993  
 120.390 Persons Who May Be Included In the Assistance Unit  
 120.391 Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG and Children Born October 1, 1983, or Later  
 120.392 Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy  
 120.393 Pregnant Women and Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project  
 120.395 Payment Levels for MANG (Repealed)  
 120.399 Redetermination of Eligibility

TABLE A Value of a Life Estate and Remainder Interest

TABLE B Life Expectancy

AUTHORITY: Implementing Articles III, IV, V and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill.

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding Section being codified with no substantive change) at 7 Ill.



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

Reg. 14747; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 19872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1,

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1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective October 17, 1995; amended at 20 Ill. Reg. 5068, effective March 20, 1996; amended at 20 Ill. Reg. 15993, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 692, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7423, effective May 31, 1997; amended at 21 Ill. Reg. 7748, effective June 9, 1997; amended at 21 Ill. Reg. 11395, effective AUG 11 1997.

## SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

**Section 120.60 All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Children Born October 1, 1983, or Later Who Do Not Qualify As Mandatory Categorically Needy**

The following subsections apply to all cases other than those receiving care in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Care Facilities, Department of Mental Health and Developmental Disabilities (DMHDD) Facilities, or DMHDD approved community based residential settings under 89 Ill. Adm. Code 140.643 or pregnant women and children born October 1, 1983, or later who do not qualify as mandatory categorically needy.

a) The eligibility period for MANG (AABD) and MANG(C) is one month. The eligibility period shall begin with:

1) the first day of the month of application;

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- 2) the first day of any month prior to the month of application, in which that the client meets non-financial eligibility requirements up to three months prior to the month of application, if the client so desires; or
- 3) the first day of a month, after the month of application, in which that the client meets non-financial eligibility requirements.
- b) Eligibility Without Spend-down for MANG (AABD) and MANG(C)
  - 1) If the client's nonexempt income available during the eligibility period is equal to or below the applicable MANG standard (Sections 120.20 and 120.30) and nonexempt assets are not in excess of the applicable asset disregard (Section 120.382), the client is eligible for medical assistance from the first day of the eligibility period. The Department will pay for covered services received during the entire eligibility period ~~will be paid for by the Department.~~
  - 2) The client is responsible for reporting to report any changes that occur during the eligibility period which might affect eligibility for medical assistance. If changes occur, appropriate action shall be taken by the Department, including termination of eligibility for medical assistance. If changes in income, assets or family composition occur which would make the client a spend-down case, a spend-down obligation will be determined and the subsections in (c) of this Section below will apply.
  - 3) A redetermination of eligibility will be made every 12 months.
- c) Eligibility with Spend-down for MANG (AABD) and MANG(C)
  - 1) If the client's nonexempt income available during the applicable eligibility period is greater than the applicable MANG standard and/or nonexempt assets are over the applicable asset disregard, the client must meet the spend-down obligation determined for the eligibility period before becoming eligible to receive medical assistance. The spend-down obligation is the sum of the amount by which the client's nonexempt income exceeds the MANG standard and the amount of nonexempt assets in excess of the applicable asset disregard.
  - 2) The client meets the spend-down obligation by incurring or paying for medical expenses in an amount equal to the spend-down obligation.
    - A) Medical expenses shall be applied to the spend-down obligation in the following order:
      - i) Charges for DORS Home Services and/or DMHDD Community Based Services. These charges are considered incurred the first day of the month, regardless of the day the services are actually provided.
      - ii) Payments made for medical expenses within the previous six months. Payments are considered incurred the first day of the month of payment.

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- iii) Unpaid medical expenses. These are considered as of the date of service and are applied in chronological order.
- B) If multiple medical expenses are incurred on the same day, the expenses shall be applied in the following order:
  - i) Health insurance deductibles (including Medicare and other co-insurance charges);<sup>7</sup>
  - ii) All copayment charges incurred or paid on spend-down met day;<sup>7</sup>
  - iii) Expenses for medical services and/or items not covered by the Department's Medical Assistance Program;<sup>7</sup>
  - iv) Cost share amounts incurred for in-home care services by individuals receiving services through the Department on Aging (DOA);<sup>7</sup>
  - v) Expenses incurred for in-home care services by individuals receiving or purchasing services from private providers;<sup>7</sup>
  - vi) Expenses incurred for medical services or items covered by the Department's Medical Assistance Program. If more than one covered service is received on the day, the charges will be considered in order of amount. The bill for the smallest amount will be considered first.
- C) If a service is provided during the eligibility period but payment may be made by a third party, such as an insurance company, the medical expense will not be considered towards spend-down until the bill is adjudicated. When adjudicated, that part determined to be the responsibility of the client shall be considered as incurred on the date of service.
- 3) After application for medical assistance for cases eligible with a spend-down obligation who do not have a QMB or MANG(P) member, an additional eligibility determination will be made.
  - A) If countable income is greater than the QMB income standard (Section 120.74) or countable assets are greater than the QMB asset disregard (Section 120.382(d)), the case will not be enrolled in spend-down unless:
    - i) the case does not have a spend-down obligation for any month of the twelve-month enrollment period;<sup>7</sup> or
    - ii) medical ~~Medicat~~ expenses equal the spend-down obligation for at least one month of the twelve-month enrollment period;<sup>7</sup> or
    - iii) the person is on a waiting list or would be on a waiting list to receive a transplant if he or she had a source of payment.
- B) Cases which meet any ~~either~~ of these conditions will be notified, in writing, of the spend-down obligation. The client will also be notified that his or her case will be reviewed beginning in the sixth month of the twelve-month



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enrollment period. If the client has not had medical eligibility in one of the last three months at the time of review (including the month of review), the case will terminate unless the case contains a person who is on a waiting list or who would be on a waiting list to receive a transplant if he or she had a source of payment. A ~~at which~~ time a new application will be required if the client wishes continued medical assistance.

C) When proof of incurred medical expenses equal to the spend-down obligation is provided to the local office, eligibility for medical assistance shall begin effective the first day that the spend-down obligation is met. The Department will pay for covered covered services received from that date until the end of the eligibility period ~~with be paid for by the Department~~. The client shall be responsible, directly to the provider, for payment for services provided prior to the time the client meets the spend-down obligation.

4) Cases with a spend-down obligation which do not have a QMB, a or MANG(P) member or a person on a waiting list or who would be on a waiting list to receive a transplant if he or she had a source of payment, will be reviewed beginning in the sixth month of enrollment to determine if they have had medical eligibility within the last three months, including the month of review. If so, enrollment will continue. If not, enrollment will be terminated and the client will be advised that if he or she wishes continued medical assistance, a reapplication must be filed. Upon reapplication, a new twelve-month enrollment period will be established (assuming non-financial factors of eligibility are met). If appropriate, a new spend-down obligation will be created.

A) If the client files a reapplication prior to four months after the end of the period of enrollment, the client will be sent through a special abbreviated intake procedure making use of current case record material to verify factors of eligibility not subject to change.

B) Cases that remain eligible in the tenth month of the enrollment period or which have a QMB, a or MANG(P) member or a person on a waiting list or who would be on a waiting list to receive a transplant if he or she had a source of payment, will remain enrolled and will be redetermined once every 12 months.

5) The client is responsible for reporting ~~to report~~ any changes that occur during the enrollment period which might affect eligibility for medical assistance. If changes occur, appropriate action shall be taken by the Department including termination of eligibility for medical assistance.

6) If changes in income, assets or family composition occur,

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appropriate adjustments to the spend-down obligation and date of eligibility for medical assistance shall be made by the Department. The client will be notified, in writing, of the new spend-down obligation.

A) If income decreases or assets fall below the applicable asset disregard and, as a result, the client has already met the new spend-down obligation, eligibility for medical assistance shall be back-dated to the appropriate date.

B) If income or assets increase and, as a result, the client has not produced proof of incurred medical expenses equal to the new spend-down obligation, the written notification of the new spend-down amount will also inform the client that he or she will no longer receive a MediPlan Card and eligibility for medical assistance will be interrupted until proof of medical expenses equal to the new spend-down obligation is produced.

(Source: Amended 21 Ill. Reg. 10833, effective AUG 1 1987)

## Section 120.347 Treatment of Trusts

a) This Section applies to trusts established on or after August 11, 1993.

b) A trust is any arrangement in which a grantor transfers property to a trustee or trustees with the intention that it be held, managed or administered by the trustee or trustees for the benefit of the grantor or designated beneficiaries. A trust also includes any legal instrument or device that is similar to a trust, including an annuity.

c) A person shall be considered to have established a trust if assets of the person were used to form all or part of the principal of the trust and the trust is established (other than by will) by any of the following:

- 1) the person;
- 2) the person's spouse; or
- 3) any other person, including a court or administrative body, with legal authority to act on behalf of or at the direction of the person or the person's spouse.

d) This Section does not apply to the following trusts:

- 1) an irrevocable trust containing assets of a disabled person (as described in Section 120.314) under age 65 that is established by a parent, grandparent, legal guardian or court for the benefit of the disabled person, if language contained in the trust stipulates that any amount remaining in the trust (up to the amount expended by the Department on medical assistance) shall be paid to the Department upon the death of the person. This exclusion continues after the person reaches age 65 as long as the person continues to be disabled but any additions made by the



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person to the trust after age 65 will be treated as a transfer of assets under 89 Ill. Adm. Code 120.387. If the trust contains proceeds from a personal injury settlement, any Department charge (as described at 89 Ill. Adm. Code 102.260) must be satisfied in order for the trust to be excluded under this subsection; or

2) an irrevocable trust containing assets of a disabled person (as described in Section 120.314) that is established and managed by a non-profit association that pools funds but maintains a separate account for each beneficiary that is established by the disabled person, a parent, grandparent, legal guardian or court for the benefit of the disabled person, if language contained in the trust stipulates that any amount remaining in the trust (up to the amount expended by the Department on medical assistance) that is not retained by the trust shall be paid to the Department upon the death of the person.

e) Subsections (f) and (g) below apply to the portion of the trust attributable to the person and without regard to:

- 1) the purpose for establishment of the trust;
- 2) whether the trustee has or exercises any discretion under the trust; or

3) whether there are any restrictions on distributions or use of distributions from the trust.

f) For revocable trusts, the Department shall:

- 1) treat the principal as an available asset;
- 2) treat as income payments from the trust that are made to or for the benefit of the person; and

3) treat any other payments from the trust as transfers of assets by the person (subject to the provisions of Section 120.387).

g) For irrevocable trusts, the Department shall:

- 1) treat as an available asset the amount of the trust from which payment to or for the benefit of the person could be made;
- 2) treat as income payments from the trust that are made to or for the benefit of the person;

3) treat any other payments from the trust as transfers of assets by the person (subject to the provisions of Section 120.387); and

4) treat as a transfer of assets by the person the amount of the trust from which no payment could be made to the person under any circumstances (subject to the provisions of Section 120.387).

The date of the transfer is the date the trust was established or, if later, the date that payment to the person was foreclosed. The amount of the trust is determined by including any payments made from the trust after the date that payment to the person was foreclosed.

(Source: Amended at 21 Ill. Reg. 11568, effective AUG 1 1997)

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- 1) Heading of the Part: Medical Payment

- 2) Code Citation: 89 Ill. Adm. Code 140

- 3) Section Numbers: Adopted Action:

- 140.3 Amendment
- 140.5 Amendment
- 140.420 Amendment
- 140.421 Amendment

- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

- 5) Effective Date of Amendments: August 1, 1997

- 6) Does this rulemaking contain an automatic repeal date? No

- 7) Do these Amendments contain incorporations by reference? No

- 8) Date Filed in Agency's Principal Office: August 1, 1997

- 9) Notice of Proposal Published in Illinois Register: March 21, 1997 (21 Ill. Reg. 3423)

- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

- 11) Differences between proposal and final version: Several changes have been made in the proposed amendments.

## Section 140.421

A new subsection (a) (2) has been added as follows:

(a)(2) Determinations concerning what constitutes an emergency dental procedure are based on x-rays. If a problem is readily identifiable by x-ray, the dentist is not required to request prior approval. If the x-ray does not readily indicate the problem, the dentist should seek prior approval.

The previous subsection (a)(2) has been relabeled as subsection (a)(3).

Subsection (b)(7)(B) has been changed as follows:

(b)(7)(B) treatment necessary to correct a condition that constitutes a handicapping malocclusion. (A malocclusion is handicapping if there is an impairment of or a hazard to the ability to eat, chew, speak or breathe that is related to the malocclusion.);

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No other changes have been made in the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: These amendments restore coverage for a limited range of emergency dental services for adults. The State's budget plan for fiscal year 1996 called for cost containment measures in some areas of the Department's medical assistance program and coverage for some optional Medicaid funded care, including dental services, was eliminated for recipients age 21 or over. This reduced medical coverage has also affected recipients of financial assistance under General Assistance for the State Transitional Program and the State Family and Children Program. However, since implementation of this reduced coverage in July 1995, many medical assistance clients have sought treatment in hospital emergency rooms for emergency dental care. Because of this, it has been decided that the needs of clients and the requirements for cost containment could best be met by reinstating coverage for some emergency dental services. Sections 140.3 and 140.5 describe the population eligible for these services, and Sections 140.420 and 140.421 define the dental services to be covered.

This increase in dental coverage will result in an annual expenditure of approximately \$6 million. However, it is expected that this amount will be offset by a reduction in services provided in more costly hospital environments.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Joanne Jones  
Address: Bureau of Rules and Regulations  
Illinois Department of Public Aid  
201 South Grand Avenue East, Third Floor  
Springfield, Illinois 62763  
Telephone: (217) 524-0081

The full text of the Adopted Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140  
MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

## Section

140.1 Incorporation By Reference  
140.2 Medical Assistance Programs  
140.3 Covered Services Under Medical Assistance Programs  
140.4 Covered Medical Services Under AFDC-WANG for non-pregnant persons who are 18 years of age or older (Repealed)  
140.5 Covered Medical Services Under General Assistance  
140.6 Medical Services Not Covered  
140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight  
140.8 Medical Assistance For Qualified Severely Impaired Individuals  
140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-WANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy  
140.10 Medical Assistance Provided to Incarcerated Persons

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

## Section

140.11 Enrollment Conditions for Medical Providers  
140.12 Participation Requirements for Medical Providers  
140.13 Definitions  
140.14 Denial of Application to Participate in the Medical Assistance Program  
140.15 Recovery of Money  
140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program  
140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program  
140.18 Effect of Termination on Individuals Associated with Vendor  
140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring  
140.20 Submittal of Claims  
140.21 Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)  
140.22 Magnetic Tape Billings  
140.23 Payment of Claims  
140.24 Payment Procedures  
140.25 Overpayment or Underpayment of Claims  
140.26 Payment to Factors Prohibited

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140.27 Assignment of Vendor Payments  
 140.28 Record Requirements for Medical Providers  
 140.30 Audits  
 140.31 Emergency Services Audits  
 140.32 Prohibition on Participation, and Special Permission for Participation  
 140.33 Publication of List of Terminated, Suspended or Barred Entities  
 140.35 False Reporting and Other Fraudulent Activities  
 140.40 Prior Approval for Medical Services or Items  
 140.41 Prior Approval in Cases of Emergency  
 140.42 Limitation on Prior Approval  
 140.43 Post Approval for items or Services When Prior Approval Cannot Be Obtained  
 140.55 Recipient Eligibility Verification (REV) System  
 140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice  
 140.72 Voucher Advance Payment and Expedited Payments  
 140.73 Drug Manual Updates (Recodified)

## SUBPART C: PROVIDER ASSESSMENTS

Section  
 140.80 Hospital Provider Fund  
 140.82 Developmentally Disabled Care Provider Fund  
 140.84 Long Term Care Provider Fund  
 140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund  
 140.95 Hospital Services Trust Fund  
 140.96 General Requirements (Recodified)  
 140.97 Special Requirements (Recodified)  
 140.98 Covered Hospital Services (Recodified)  
 140.99 Hospital Services Not Covered (Recodified)  
 140.100 Limitation On Hospital Services (Recodified)  
 140.101 Transplants (Recodified)  
 140.102 Heart Transplants (Recodified)  
 140.103 Liver Transplants (Recodified)  
 140.104 Bone Marrow Transplants (Recodified)  
 140.110 Disproportionate Share Hospital Adjustments (Recodified)  
 140.116 Payment for Inpatient Services for GA (Recodified)  
 140.117 Hospital Outpatient and Clinic Services (Recodified)  
 140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)  
 140.201 Payment for Hospital Services After June 30, 1982 (Repealed)  
 140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)  
 140.203 Limits on Length of Stay by Diagnosis (Recodified)  
 140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)  
 140.350 Copayments (Recodified)  
 140.360 Payment Methodology (Recodified)

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140.361 Non-Participating Hospitals (Recodified)  
 140.362 Pre July 1, 1989 Services (Recodified)  
 140.363 Post June 30, 1989 Services (Recodified)  
 140.364 Prepayment Review (Recodified)  
 140.365 Base Year Costs (Recodified)  
 140.366 Restructuring Adjustment (Recodified)  
 140.367 Inflation Adjustment (Recodified)  
 140.368 Volume Adjustment (Repealed)  
 140.369 Groupings (Recodified)  
 140.370 Rate Calculation (Recodified)  
 140.371 Payment (Recodified)  
 140.372 Review Procedure (Recodified)  
 140.373 Utilization (Repealed)  
 140.374 Alternatives (Recodified)  
 140.375 Exemptions (Recodified)  
 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)  
 140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.391 Definitions (Recodified)  
 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)  
 140.398 Hearings (Recodified)

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section  
 140.400 Payment to Practitioners, Nurses and Laboratories  
 140.410 Physicians' Services  
 140.411 Covered Services By Physicians  
 140.412 Services Not Covered By Physicians  
 140.413 Limitation on Physician Services  
 140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians  
 140.416 Optometric Services and Materials  
 140.417 Limitations on Optometric Services  
 140.418 Department of Corrections Laboratory  
 140.420 Dental Services  
 140.421 Limitations on Dental Services  
 140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy Items - Dentists  
 140.425 Podiatry Services  
 140.426 Limitations on Podiatry Services  
 140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items - Podiatry  
 140.428 Chiropractic Services



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140.429	Limitations on Chiropractic Services (Repealed)
140.430	Independent Laboratory Services
140.431	Services Not Covered by Independent Laboratory
140.432	Limitations on Independent Laboratory Services
140.433	Payment for Laboratory Services
140.434	Record Requirements for Independent Laboratories
140.435	Nurse Services
140.436	Limitations on Nurse Services
140.440	Pharmacy Services
140.441	Pharmacy Services Not Covered
140.442	Prior Approval of Prescriptions
140.443	Filling of Prescriptions
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140.446	Over-the-Counter Items
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140.448	Returned Pharmacy Items
140.449	Payment of Pharmacy Items
140.450	Record Requirements for Pharmacies
140.452	Mental Health Clinic Services
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140.454	Types of Mental Health Clinic Services
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140.458	Prior Approval for Therapy Services
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140.460	Clinic Services
140.461	Clinic Participation, Data and Certification Requirements
140.462	Covered Services in Clinics
140.463	Clinic Service Payment
140.464	Healthy Moms/Healthy Kids Managed Care Clinics (Repealed)
140.465	Speech and Hearing Clinics (Repealed)
140.466	Rural Health Clinics
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140.473	Prior Approval for Home Health Services
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140.476	Medical Equipment, Supplies and Prosthetic Devices for Which Payment Will Not Be Made
140.477	Limitations on Equipment, Supplies and Prosthetic Devices
140.478	Prior Approval for Medical Equipment, Supplies and Prosthetic Devices
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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 13779, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill.



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Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.914 thru 140.916 I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.205 and 147.205 I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.205 I recodified to 89 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended

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at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990;

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amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment

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repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9163, effective July 15, 1997; amended at 21 Ill. Reg. 11664, effective AUG 1 1997.

## SUBPART A: GENERAL PROVISIONS

## Section 140.3 Covered Services Under Medical Assistance Programs

- a) As described in this Section, medical services shall be covered for:
- 1) recipients of financial assistance under the AABD (Aid to the Aged, Blind or Disabled), AFDC (Aid to Families with Dependent Children), or Refugee/Entrant/Repatriate programs;
  - 2) recipients of medical assistance only under the AABD program (AABD-MANG);
  - 3) recipients of medical assistance only under the AFDC program (AFDC-MANG);



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- 4) individuals under age 18 not eligible for AFDC (see Section 140.7), pregnant women who would be eligible if the child were born and pregnant women and children under age eight who do not qualify as mandatory categorically needy (see Section 140.9);
  - 5) disabled persons under age 21 who may qualify for Medicaid and in-home care (Model Waiver); and
  - 6) recipients eligible under the State Transitional Assistance Program who are determined by the Department to be disabled.
- b) The following medical services shall be covered for recipients under age 21 who are included under subsection (a) above:
- 1) Inpatient hospital services;
  - 2) Hospital outpatient and clinic services;
  - 3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment;
  - 4) Encounter rate clinic visits;
  - 5) Physician services;
  - 6) Pharmacy services;
  - 7) Home health agency visits;
  - 8) Laboratory and x-ray services;
  - 9) Group care services;
  - 10) Family planning services and supplies;
  - 11) Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies;
  - 12) Transportation to secure medical services;
  - 13) Medichex (EPSDT) services;
  - 14) Dental services;
  - 15) Chiropractic services;
  - 16) Podiatric services;
  - 17) Optical services and supplies;
  - 18) Subacute alcoholism and substance abuse services pursuant to Sections 140.390 through 140.396; and
  - 19) Hospice services.
- c) The following medical services shall be covered for recipients age 21 or over who are included under subsection (a) above:
- 1) Inpatient hospital services;
  - 2) Hospital outpatient and clinic services;
  - 3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment;
  - 4) Encounter rate clinic visits;
  - 5) Physician services;
  - 6) Pharmacy services;
  - 7) Home health agency visits;
  - 8) Laboratory and x-ray services;
  - 9) Group care services;

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- 10) Family planning services and supplies;
- 11) Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies;
- 12) Transportation to secure medical services;
- 13) Medichex (EPSDT) services;
- 14) Subacute alcoholism and substance abuse services pursuant to Sections 140.390 through 140.396; and
- 15) Hospice services; and-
- 16) Adult emergency dental services as defined in Section 140.421(a).

(Source: Amended at 21 Ill. Reg. 11569, effective Aug 1, 1997)

## Section 140.5 Covered Medical Services Under General Assistance

- a) The following medical services shall be covered for recipients of financial assistance under General Assistance for both the State Transitional Assistance Program and the State Family and Children Assistance Program:
- 1) Encounter rate clinic visits;
  - 2) Physician services;
  - 3) Vital pharmacy services (items necessary for life maintenance or to avoid life threatening situations);
  - 4) Vital medical supplies and equipment;
  - 5) Group care services, subject to prior approval;
  - 6) Family planning services;
  - 7) Laboratory and x-ray services;
  - 8) Transportation to secure medical services;
  - 9) Prostheses, orthoses (only when essential for employment or expediting hospital discharge);
  - 10) Home health agency visits (only on a prior approval basis when the medical condition is documented by the physician as terminal); and
  - 11) Hospice services; and-
  - 12) Adult emergency dental services.
- b) The following medical services shall be covered for recipients of financial assistance under General Assistance only for the State Family and Children Assistance Program, not the State Transitional Assistance Program, in addition to the services covered under subsection (a) above:
- 1) Inpatient hospital services. (Physical rehabilitation services and psychiatric services are not covered for General Assistance recipients age 18 or over);
  - 2) Hospital outpatient and clinic services for surgical procedures, renal dialysis or cancer therapy; and
  - 3) Hospital emergency room visits. The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in



## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

disability or death if there is not immediate treatment.

(Source: Amended at 21 Ill. Reg. 11586, effective AUG 1 1997)

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

## Section 140.420 Dental Services

- a) Payment for dental services shall be made only to licensed dentists. Payment for comprehensive orthodontic care shall be made only to a dentist licensed for provision of such services.
- b) Except for the "services not covered" specified in subsection (c) below, payment shall be made for dental services that are:
- 1) Necessary to relieve pain or infection. preserve teeth, or restore adequate dental function;
  - 2) Diagnostic, preventive, or restorative services, endodontics, prosthodontics, orthodontics or oral surgery included in the Department's Schedule of Dental Procedures (see Table D at the end of this Part);
  - 3) Performed by the dentist or under the direct supervision of the dentist.
- c) Services for which payment shall not be made include:
- 1) Routine or periodic examination other than:
    - A) Initial examinations;
    - B) Required school examinations;
    - C) Periodic examinations for children with minimum of 12 months having elapsed since initial or previous periodic examination;
  - 2) Adult non-emergency dental services (see Section 140.421);
  - 3) Orthodontics, posterior endodontics, apexification--(a--procedure to close an open end of a root)--and periodontics for adults;
  - 3.4) Experimental dental care;
  - 4.5) Procedures performed only for cosmetic reasons;
  - 5.6) Acrylic crown;
  - 7) Fluoride for adults;
  - 8) Space maintainers for adults;
  - 9) Alveoloplasty--(surgical--preparation--of gum ridge for dentures) and frenulectomy--(cutting through soft tissue--impeding tongue movement)--for adults.

(Source: Amended at 21 Ill. Reg. 11586, effective AUG 1 1997)

## Section 140.421 Limitations on Dental Services

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- a) Dental services for recipients age 21 and older are covered for only a limited range of emergency dental services.

1) Emergency dental services are described as those dental procedures necessary to treat pain in the teeth, gums, palate or any other problem of the mouth that requires immediate attention and is appropriately treated by a dentist.

2) Determinations concerning what constitutes an emergency dental procedure are based on x-rays. If a problem is readily identifiable by x-ray, the dentist is not required to request prior approval. If the x-ray does not readily indicate the problem, the dentist should seek prior approval.

3) Prior to payment, each claim will be reviewed for medical necessity and for true emergency status.

b) Prior approval is required for:

1) Space maintainers (will not be approved for an adult, as defined in Section 140.420(c)(2));

2) Crowns;

3) Endodontics;

4) Periodontics;

5) Dentures;

6) Bridgework;

7) Orthodontics (will not be approved for an adult, as defined in Section 140.420(c)(2)).

Medically necessary orthodontic treatment is approved for children. The Department's consultant shall make these determinations. Medically necessary orthodontic treatment is defined as:

- A) treatment necessary to correct a condition which scores 42 points or more on the Salzmann Index, or
- B) treatment necessary to correct a condition that constitutes a handicapping malocclusion. (A malocclusion is handicapping if there is an impairment of or a hazard to the ability to eat, chew, speak or breathe that is related to the malocclusion.)

8) Extractions of impacted teeth;

9) Alveoloplasty (will not be approved for an adult, as defined in Section 140.420(c)(2));

10) Cyst excisions;

11) Frenulectomy (will not be approved for an adult, as defined in Section 140.420(c)(2));

12) Analgesia (nitrous oxide);

13) Dental services not included in the Department's Schedule of Dental Procedures (See Table D at the end of this Part).

c) The dentist may request post-approval when a dental procedure requiring prior approval is provided on an emergency basis. Approval of the procedures shall be given if, in the judgment of a consulting dentist of the Department or a consulting dental service, the procedure is necessary to prevent dental disease or to restore and maintain adequate dental function to assure good bodily health and the

## DEPARTMENT OF PUBLIC AID

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well-being of the patient.

d) Payment for complete and partial dentures is limited to one set every five years if necessary to replace lost, broken or unusable dentures; payment for a bridge is limited to once in five years. Bridge work will be reimbursed only if there has not been placement of a partial denture within the prior five years.

e) Root canals, apexification, and apicoectomy procedures are covered for children for anterior teeth, bicuspsids, and permanent first molars. Root canals are covered for adults only for anterior teeth.

f) Full mouth series of x-rays are covered only once every three years.

(Source: Amended at 21 Ill. Reg. 11589, effective

Aug. 1, 1997)

## ILLINOIS STATE TOLL HIGHWAY AUTHORITY

## NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Authorization and Operation of Emergency Wrecker Services on The Illinois State Toll Highway

2) Code Citation: 92 Ill. Adm. Code 2500

3) Section Numbers: Adopted Action:  
2500.40 Repeal

4) Statutory Authority: 605 ILCS 10

5) Effective Date of Rulemaking: August 1, 1997

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: July 30, 1997

9) Notice of Proposal Published in Illinois Register: April 11, 1997 at 21 Ill. Reg. 4440

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version: Nonsubstantive changes recommended by JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Nonsubstantive changes recommended by JCAR. No formal agreement was made.

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendment pending on this Part? No

15) Summary and Purpose of Rulemaking: This Part repeals certain internal issues and traffic rules as found at 92 Ill. Admin. Code 2500.40 applicable to certain traffic authorizations and powers as granted by the Tollway Act for the construction, regulation and maintenance of a toll highway or a system of toll highways and confer and vest in the Authority all powers necessary or appropriate to enable the Authority to carry out its legislative purposes. Such related traffic rules are generally found at 92 Ill. Adm. Code 2520.

16) Information and questions regarding these adopted amendments shall be directed to:

George J. Sotos  
Chief Counsel

## ILLINOIS STATE TOLL HIGHWAY AUTHORITY

## NOTICE OF ADOPTED AMENDMENT

The Illinois State Toll Highway Authority  
One Authority Drive  
Downers Grove, IL 60515  
630/241-6800, Ext. 1500

The full text of the Adopted Amendment begins on the next page:

## ILLINOIS STATE TOLL HIGHWAY AUTHORITY

## NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION  
CHAPTER IV: ILLINOIS STATE TOLL HIGHWAY AUTHORITY

## PART 2500

AUTHORIZATION AND OPERATION OF EMERGENCY  
WRECKER SERVICES ON THE ILLINOIS STATE  
TOLL HIGHWAY

Section	
2500.5	Resolution No. 6600
2500.10	Procedures For Approving Or Disapproving Applications For Authorized Wrecker Emergency Road Service.
2500.20	Standards For Acting Upon Applications For Wrecker Emergency Road Service
2500.30	The Operation Of Wrecker Emergency Road Services On The Illinois State Toll Highway
2500.40	Maximum Fees For Wrecker Service On The Illinois State Toll Highway (Repealed)

AUTHORITY: Implementing and authorized by Section 10 of the Illinois Toll Highway Act [605 ILCS 10].

SOURCE: Filed June 25, 1963; codified at 8 Ill. Reg. 19587; amended at 21 Ill. Reg. ~~19587~~, effective AUG 1 1977.

# Section 2500.40 Maximum Fees For Wrecker Service On The Illinois State Toll Highway (Repealed)

- a) Passenger-Cars
- 1) Removing-passenger-cars-from-the-highway-(Mechanical-trouble)  
6-AM---6-PM---\$8.00---6-PM---6-AM---\$12.00
  - 2) Removing-passenger-cars-from-the-highway--(minor--accident,--cars  
upright-on-highway)  
6-AM---6-PM---\$15.00---6-PM---6-AM---\$20.00
  - 3) Major--accident,--car-or-light-truck-overturned-or-in-ditch,--where  
winching-is-necessary---\$5.00-extra.
  - 4) Where-it-is-necessary,--due-to-mechanical-failure,--to--float--the  
rear--axle-of-a-passenger-car-or-light-truck-on-a-dolly,--an-extra  
charge-of-\$5.00-may-be-made.
- b) Trucks,--tractors,--Semi-Trailers-And-Trailers  
Over-9,000-pounds-(accident)--contract-at-scene-with-owner-or-driver-of  
unit.
- 1) Mechanical-failure---The-distances-set--forth--in--the--following  
schedule--shall--include--distance--traveled--to-the-accident--and  
returning-to-the-garage:  
A) Up-to-20,000-pounds  
0-to-20-miles---\$20.00  
Over-20-miles---1.00-per-mile.



## ILLINOIS STATE TOLL HIGHWAY AUTHORITY

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- B) 20-000-to-40-000-pounds  
0-to-20-miles---\$30-00  
Over-20-miles---1-25-per-mile-
- E) Over-40-000-pounds  
0-to-20-miles---\$40-00  
Over-20-miles---1-50-per-mile-
- 2) Charges-for-road-services---if-handled-by-off-the-road-service-  
6-AM---6-PM---\$5-00---6-PM---6-AM---\$7-50-plus-labor-a-product-
- 3) Use-of-dolly---if-it-is-necessary-to-float-an-axle-of-a-car--or  
light-truck-involved-in-an-accident-on-a-dolly--an-extra-charge  
of-\$10-00-may-be-made-
- 4) Stand-by-time---a-charge-of-\$5-00-per-hour-per-man-and-\$5-00-per  
hour-per-truck-may-be-charged-for-a-stand-by-time-
- 5) Unloading---a-charge-of-\$5-00-per-man-per-hour-may-be-charged-for  
unloading-wrecked-trucks-
- 6) Hourly-rates-for-wreckers-while-in-use---\$25-00-per-hour-for--2  
axle-heavy-duty-wrecker--and-\$35-00-per-hour-for-3-axle-heavy  
duty-wrecker-
- 7) Storage-fees---After--first--24-hours--inside--\$1-50--per--day--  
outside--\$1-00-per-day-

(Source: Repealed at 21 Ill. Reg. 11589, effective  
AUG 1 1997)

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Department of Children and Family Services Employee  
Conflict of Interest
- 2) Code Citation: 89 Ill. Adm. Code 437
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
437.1	Repeal
437.2	Repeal
437.3	Repeal
437.4	Repeal
437.5	Repeal
437.6	Repeal
437.7	Repeal
437.8	Repeal
437.9	Repeal
437.10	New
437.20	New
437.30	New
437.40	New
437.50	New
437.60	New
437.70	New
437.80	New
437.90	New

4) Statutory Authority: Implementing and authorized by Sections 5 and 11.1 through 12 of the Illinois Purchasing Act [30 ILCS 505/5 and 11.1 through 12]; Article 4A of the Illinois Governmental Ethics Act [5 ILCS 420/4A]; Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16]; and Section 4 of the Children and Family Services Act [20 ILCS 505/4].

5) Effective Date of Amendments: August 8, 1997

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable

7) Date filed in Agency's Principal Office: August 8, 1997

8) Reason for Emergency: Recent publicity regarding State employee conduct has a tendency to undermine public confidence in the integrity of professional and financial relations between Department staff, Department clients and service providers. All parties to these relationships need guidance at the earliest possible date regarding what behavior the Department considers a conflict between personal interests and official duties.

9) A Complete Description of the Subjects and Issues Involved: These rules describe and prohibit behavior which constitutes conflicts of interest

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENTS

between the personal interest of full-time and part-time merit compensation staff of the Department of Children and Family Services and the discharge of their official duties in relation to Department clients and service providers. This Part is also applicable to individuals who receive remuneration directly from the Department to a contract for personal services.

## 10) Are there any proposed amendments to this Part pending? Yes

Section Numbers:	Proposed Action:	Illinois Register Citation:
437.1	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.2	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.3	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.4	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.5	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.6	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.7	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.8	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.9	Repeal	July 11, 1997 (21 Ill. Reg. 8709)
437.10	New	July 11, 1997 (21 Ill. Reg. 8709)
437.20	New	July 11, 1997 (21 Ill. Reg. 8709)
437.30	New	July 11, 1997 (21 Ill. Reg. 8709)
437.40	New	July 11, 1997 (21 Ill. Reg. 8709)
437.50	New	July 11, 1997 (21 Ill. Reg. 8709)
437.60	New	July 11, 1997 (21 Ill. Reg. 8709)
437.70	New	July 11, 1997 (21 Ill. Reg. 8709)
437.80	New	July 11, 1997 (21 Ill. Reg. 8709)
437.90	New	July 11, 1997 (21 Ill. Reg. 8709)

11) Statement of Statewide Policy Objectives: These rules do not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/39(b)].

12) Information and questions regarding these amendments shall be directed to:

Jacqueline Nottingham, Chief  
Office of Rules and Procedures  
Department of Children and Family Services  
406 East Monroe, Station #65  
Springfield, Illinois 62701-1498  
Telephone: (217)524-1983  
TTY: (217)524-3715

The full text of the emergency amendments begins on the next page:

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SUBCHAPTER f: GENERAL ADMINISTRATION

## PART 437

DEPARTMENT-OF-CHILDREN-AND-FAMILY-SERVICES  
EMPLOYEE CONFLICT OF INTEREST

Section	Purpose (Repealed)
437.1	EMERGENCY
437.2	Definitions (Repealed)
437.3	Department Statutory Responsibilities (Repealed)
437.4	Prohibition of Employee Interests Which May Influence the Department's Statutory Duties (Repealed)
437.5	Prohibition of Employee Interests Which May Influence the Department's Grant or Purchase of Service Programs (Repealed)
437.6	Prohibitions Under the Illinois Purchasing Act (Repealed)
437.7	Requirements of the Governmental Ethics Act (Repealed)
437.8	Prohibition of Employee Conflicts in the Care of Children (Repealed)
437.9	Violations of Part 437 (Repealed)
437.10	Purpose
437.20	Definitions
437.30	Department Statutory Responsibilities
437.40	Prohibition of Employee Interests and Conduct Creating Impropriety or the Appearance of Impropriety
437.50	Prohibitions Under the Illinois Purchasing Act
437.60	Requirements of the Illinois Governmental Ethics Act
437.70	Prohibition of Employee Conflicts in the Care of Children
437.80	Requirements of Executive Order #3 (1977)
437.90	Violations of Part 437

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENTS

**AUTHORITY:** Implementing and authorized by Sections 5 and 11.1 through 12 of the Illinois Purchasing Act [30 ILCS 505/5 and 11.1 through 12]; Article 4A of the Illinois Governmental Ethics Act [5 ILCS 420/4A]; Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16]; and Section 4 of the Children and Family Services Act [20 ILCS 505/4].

**SOURCE:** Adopted and codified at 5 Ill. Reg. 13139, effective November 30, 1981; amended at 7 Ill. Reg. 8520, effective July 22, 1983; amended at 9 Ill. Reg. 2661, effective March 1, 1985; amended at 13 Ill. Reg. 3339, effective March 1, 1989; amended at 19 Ill. Reg. 6311, effective May 1, 1995; emergency amendment at 21 Ill. Reg. 11596, effective August 8, 1997, for a maximum of 150 days.

**Section 437.1 Purpose (Repealed)****EMERGENCY**

Although the Illinois Purchasing Act forbids State employees from acting as paid consultants to other state agencies or to private agencies receiving state funds, and from holding any contract for services, it does not prohibit other apparent conflicts of interest such as an employee sitting on the board of an agency not receiving state funds, but subject to Department licensing. The purpose of these rules is to eliminate all employee impropriety and the appearance of any impropriety.

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11593, effective August 8, 1997, for a maximum of 150 days)

**Section 437.2 Definitions (Repealed)****EMERGENCY**

"Consultant", as used in these rules, means an affiliation or a direct relationship to a facility or agency with which the Department contracts or which is licensed by the Department. The term does not include Department licensing staff who assist child care facilities in meeting requirements for licensure.

"Economic interest", as used in these rules, means any form of ownership, debt interest or contract whereby the individual may incur monetary gain or loss. The term does not include a contract for teaching services at a public or private college, junior college or university.

"Employee" or "state employee" means an individual who on a full-time or part-time basis receives remuneration from the Department for services performed.

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11593, effective August 8, 1997, for a maximum of 150 days)

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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**Section 437.3 Department Statutory Responsibilities (Repealed)****EMERGENCY**

The Department of Children and Family Services has statutory responsibilities regarding minors adjudicated under the Juvenile Court Act (Ill. Rev. Stat. 1979, ch. 37, par. 1-1 et seq.) minors placed with the Department through voluntary placement agreements with parents, guardians or custodians, minors placed with the Department through adoptive surrenders, the licensing of child care facilities under the Child Care Act of 1969 (Ill. Rev. Stat. 1979, ch. 37, par. 2211 et seq.) and the operation of institutions and programs. These statutory duties include securing appropriate care for minors through foster care or purchase of service agreements with public or private agencies.

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11593, effective August 8, 1997, for a maximum of 150 days)

**Section 437.4 Prohibition of Employee Interests Which May Influence the Department's Statutory Duties (Repealed)****EMERGENCY**

a) No employee of the Department may knowingly have any connection whatsoever with any regulated or provider facility or agency which may be considered a conflict of interest or could influence the Department in the execution of its statutory duties. Therefore:

1) No employee of the Department shall serve in any capacity with or be employed on a full-time or part-time basis by any facility or agency with which the Department has a contract or which the Department licenses. Foster family and day care home licenses are exempted from this restriction.

2) No employee shall act as a consultant, paid or unpaid, to any facility or agency if such consultation enables the facility or agency to meet Department licensing requirements or to secure Department approval for program or staffing.

b) If a Department employee has a connection with a regulated or provider facility or agency which may be considered a conflict of interest in accordance with subsection (a) above, or could influence the Department in its execution of its statutory duties, the administrator of the unit shall refer the situation to the Department office of internal audits for a review and opinion.

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11593, effective August 8, 1997, for a maximum of 150 days)

**Section 437.5 Prohibition of Employee Interests Which May Influence the Department's Grant or Purchase of Service Programs (Repealed)****EMERGENCY**

Inasmuch as the Department has an extensive grant and purchase of service



## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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## program:

- a) Any Department employee who serves on the Board of Directors or Professional Advisory Committee, in either a paid or unpaid capacity, of any agency or facility which receives funds from the Department by any means or mechanism, including grants, purchase of service or contracts, shall notify the Director of the Department or designee. Such notification will result in the employee's not being involved in placing with, monitoring, licensing or evaluation of the agency or facility.
- b) No employee shall knowingly have an economic interest of any character, nature or amount in any agency or facility which receives Department funds, whether by grant, purchase of service, contract or any other mechanism in violation of the Illinois Purchasing Act. Any employee presently holding such economic interest in such agencies or facilities shall divest themselves of their interest within a reasonable time, not to exceed six months after being notified that the conflict exists.
- c) No employee or the employee's spouse or minor child may knowingly own stock, bonds, debentures, shares or any other species of ownership or debt interest in any facility or agency which receives Department funds, whether by grant, purchase of service, contracts or other funding mechanism in violation of the Illinois Purchasing Act.
- d) When any employee's spouse or minor child occupies a position with a facility or agency which serves children placed by the Department and the employee is involved in placing with, monitoring, licensing or evaluation of the agency or facility, the employee shall notify the Director of the Department or designee. Such notification shall result in the employee's not being involved in placing with, monitoring, licensing or evaluation of the agency or facility.

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11595, effective August 8, 1997, for a maximum of 150 days)

## Section 437.6 Prohibitions Under the Illinois Purchasing Act (Repealed)

## EMERGENCY

The Illinois Purchasing Act provides that no state employee may have any contract for services, materials or supplies with any entity which may be satisfied in whole or in part by the expenditure of state funds. Specifically excluded from the language of the Purchasing Act are employees acting as foster parents of children for whom the Department is legally responsible. The Governor may grant exemptions for employees whose service to the state is deemed sufficiently important to outweigh the public policy expressed in the law. Any Department employee hoping to work for any agency or facility which receives state funds must apply for and receive an exemption from the Purchasing Act prior to accepting such employment. The Purchasing Act does not apply to contracts between an employee and any state-aided school district or Junior College District, state university or any institution under the Board of

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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## State Colleges and Universities or under the Board of Regents:

(Source: Repealed by emergency amendment at 21 Ill. Reg. effective August 8, 1997, for a maximum of 150 days)

## Section 437.7 Requirements of the Governmental Ethics Act (Repealed)

## EMERGENCY

- a) Department employees are required by the Illinois Governmental Ethics Act (5 ILCS 420) to file a yearly statement disclosing their economic interests when employees:
- 1) are or function as the head of a department, commission, board, division, bureau, authority or other administrative unit within the government of this State, or who exercise similar authority within the government of this State;
  - 2) have direct supervisory authority over, or direct responsibility for, the formulation, negotiation, issuance or execution of contracts entered into by the State in the amount of \$5,000 or more;
  - 3) have authority for the issuance or promulgation of rules and regulations within areas under the authority of the State;
  - 4) have authority for the approval of professional licenses;
  - 5) have responsibility with respect to the financial inspection of regulated nongovernmental entities;
  - 6) adjudicate, arbitrate or decide any judicial or administrative proceeding, or review the adjudication, arbitration or decision of any judicial or administrative proceeding within the authority of the State; or
  - 7) have supervisory responsibility for 20 or more employees of the State (Section 4A-101 of the Act).
- b) Employees affected by the Act will be notified by mail from the Secretary of State's Index Department regarding the requirement to file a Statement of Economic Interest. Any employee who is required to file a Statement of Economic Interest, but fails to file the Statement by May 1 of each year, will be subject to a \$15.00 late filing fee. Any employee who fails to file the Statement by May 15 shall be subject to a penalty of \$100.00 per day from May 16 to the date that the Statement is filed with the Secretary of State. This penalty is in addition to the \$15.00 late filing fee associated with the May 1 deadline. Failure to file by May 31 of each year shall result in the forfeiture of employment.
- c) Any employee who willfully files a false or incomplete Statement of Economic Interest shall be guilty of a Class A misdemeanor.
- (Source: Repealed by emergency amendment at 21 Ill. Reg. effective August 8, 1997, for a maximum of 150 days)

## Section 437.8 Prohibition of Employee Conflicts in the Care of Children

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(Repealed)  
EMERGENCY

No--employee--of--the--Department--may--take--a--child--or--in--any--way--be--involved--in--arranging--or--facilitating--the--transportation--of--a--child--for--whom--the--Department--is--providing--services--to--the--employee's--residence--unless--

- a) the--employee--is--a--licensed--foster--parent--and--the--child--has--been--placed--with--the--employee--for--foster--care--purposes--
- b) a--Department--employee--must--be--approved--by--the--deputy--director--responsible--for--the--region/site--or--a--child--aged--16--or--over--has--been--placed--in--an--independent--living--arrangement--and--the--child--is--residing--in--an--apartment--or--other--separate--unit--of--the--building--where--the--employee--resides--or
- c) the--child--is--attending--a--party--family--gathering--or--other--function--and--the--child's--attendance--is--approved--in--writing--by--the--employees--supervisor--or
- d) the--child--is--staying--overnight--because--of--inclement--weather--or--other--emergency--

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11509, effective August 8, 1997, for a maximum of 150 days)

## Section 437.9 Violations of Part 437 (Repealed)

EMERGENCY

- a) Strict--compliance--with--all--of--the--provisions--of--this--Part--is--mandatory--and--any--non-compliance--may--subject--the--employee--to--criminal--penalties--suspension--or--discharge--from--Department--employment--
- b) the--Department--may--require--any--employee--in--violation--of--the--foregoing--to--document--all--of--his--or--her--actions--undertaken--in--order--to--comply--with--all--of--the--provisions--of--this--Part--
- c) the--severity--of--discipline--imposed--in--accordance--with--the--Illinois--Department--of--Personnel's--rules--will--be--based--in--part--upon--whether--the--employee--
  - 1) Used--the--Department--of--Children--and--Family--Services--position--for--private--gain--(other--than--salary);
  - 2) Gave--preferential--treatment--to--any--organization--or--person;
  - 3) Impeded--or--adversely--affected--governmental--efficiency--or--economy;
  - 4) Failed--to--act--independently--or--impartially;
  - 5) Affected--adversely--the--confidence--of--the--public--in--the--integrity--of--the--Department--of--Children--and--Family--Services.

(Source: Repealed by emergency amendment at 21 Ill. Reg. 11509, effective August 8, 1997, for a maximum of 150 days)

## Section 437.10 Purpose

EMERGENCY

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENTS

The purpose of these rules is to define and prohibit all employee impropriety and the appearance of any impropriety. These emergency rules apply to merit compensation employees and individuals who receive remuneration directly from the Department pursuant to a contract for personal services. These rules apply to conduct of such employees in relationship to any entity which is licensed or regulated by the Department of Children and Family Services or which provides services for the Department pursuant to a grant, contract, or purchase of service agreement from or with the Department and families with whom the Department has adoption assistance agreements.

(Source: Added by emergency amendment at 21 Ill. Reg. 11509, effective August 8, 1997, for a maximum of 150 days)

## Section 437.20 Definitions

EMERGENCY

"Child care facility," as used in this Part, means a "facility for child care" as defined by the Child Care Act of 1969 [225 ILCS 10/2.05], and includes any child care institution, child welfare agency, day care center, part day child care facility, day care agency, group home, foster family home, day care home, group day care home, or youth emergency shelter. The term "foster family home" includes the residences of related children placed by the Department and the residences of families which receive children for purposes of adoption. The term "foster family home" is further defined in paragraph 2.17 of the Child Care Act of 1969.

"Conflict of interest" means an employee uses his or her official position for private gain (other than salary), gives preferential treatment to any entity or person in the conduct of official duties because of personal interest, impedes or adversely affects governmental efficiency or economy because of personal interest, fails to act impartially in the conduct of official duties because of personal interest, or engages in conduct which could adversely affect the confidence of the public in the integrity of the Department of Children and Family Services. The term also means that the circumstances are such that a reasonable person might conclude that an individual's judgement could be influenced by the nature of the circumstances or the individual(s) involved. Conflicts of interest may be actual or potential.

"Decision-making function" or "decision-making authority" means that an individual's duties include, but are not limited to the referral or transfer of any applicant for or client of Department services to a child care facility or other entity; the supervision, monitoring, licensing, or evaluation of a child care facility or other entity; or the decision whether to award or refuse to award a contract or grant to a child care facility or other entity.



## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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"Department" means the Illinois Department of Children and Family Services. [225 ILCS 10/2.02]

"Economic interest" means any form of ownership, debt interest or contract whereby the individual may incur monetary gain or loss. The term does not include a contract for teaching services at a public or private college, community college or university.

"Employee" or "state employee" means an individual employed under the merit compensation system who on a full-time or part-time basis receives remuneration from the Department for services performed. For purposes of this Part, the term "employee" includes an individual who receives remuneration directly from the Department pursuant to a contract for personal services.

"Immediate family member" means any of the following relationships by blood, marriage or adoption: wife, husband, son, daughter, mother, father, sister, brother; or a legal dependent as claimed on the most recent federal income tax return.

"Personal interest" means that one has the potential to gain or lose money, other consideration, gifts, favors, preferential treatment for oneself or another depending upon the outcome of a decision, review or other transaction.

"Personal relationship" means related by blood, marriage or adoption, or that one has or has had a social, business or other relationship which has the potential to influence or affect one's objectivity.

"Significant working relationship" means a relationship which involves direct or indirect supervision or shared work responsibility.

"State agencies," as defined by the Illinois State Auditing Act [30 ILCS 5/1-7] means all officers, boards, commissions, and agencies created by the Constitution, whether in the executive, legislative or judicial branch, but other than the circuit court; all officers, departments, boards, commissions, agencies, institutions, authorities, universities, bodies politic and corporate of the state and administrative units or corporate outgrowths of state government which are created by or pursuant to statute, other than units of local government and their officers, school districts and boards of election commissioners; all administrative units and corporate outgrowths of the above and as may be created by executive order of the Governor.

(Source: Added by emergency amendment at 21 Ill. Reg. 11603, effective August 8, 1997, for a maximum of 150 days)

## Section 437.30 Department Statutory Responsibilities

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The Department of Children and Family Services has statutory responsibilities regarding minors adjudicated under the Juvenile Court Act [705 ILCS 405/701]; minors placed with the Department through voluntary placement agreements with parents, guardians or custodians; minors placed with the Department through adoptive surrenders, or otherwise provided services in accordance with the Children and Family Services Act [20 ILCS 505]; the licensing of child care facilities under the Child Care Act of 1969 [225 ILCS 10]; and the operation of programs. These statutory duties include securing appropriate care for minors through foster care or purchase of service agreements with public or private agencies.

(Source: Added by emergency amendment at 21 Ill. Reg. 11603, effective August 8, 1997, for a maximum of 150 days)

Section 437.40 Prohibition of Employee Interests and Conduct Creating Impropriety or the Appearance of Impropriety  
EMERGENCY

a) No employee shall use his or her official position for private gain (other than salary), give preferential treatment to any person or entity in the conduct of official duties because of personal interest, impede or adversely affect governmental efficiency or economy because of personal interest, fail to act impartially in the conduct of official duties because of personal interest, or engage in conduct which could adversely affect the confidence of the public in the integrity of the Department of Children and Family Services.

b) No employee shall serve in any capacity with, or be employed on a full-time or part-time basis by, any child care facility as defined in Section 437.20 or any entity which has a grant, contract or purchase of service agreement with the Department, to the extent that such service or employment creates a conflict of interest, as defined in Section 437.20. Foster family home and day care home licenses are exempt from this restriction.

c) No employee shall act as a consultant, paid or unpaid, to any entity if such consultation enables the entity to meet Department licensing requirements, obtain a grant, contract, or purchase of service agreement with the Department, or secure Department approval for program or staffing to the extent that such consultation creates a conflict of interest as defined in Section 437.20.

d) Any employee who serves on the board of directors or professional advisory committee, in either a paid or unpaid capacity, of any child care facility as defined in Section 437.20 or any entity which has a grant, contract or purchase of service agreement with the Department, shall immediately notify the Director of the Department or designee. Such notification shall result in the employee not being involved in any decision-making function that impacts that child care facility or



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entity. Service on a board of directors or professional advisory committee may result in a determination that such service presents an inherent conflict of interest and that the service must be terminated. An employee shall conduct official business impartially and with the object of fulfilling the statutory responsibilities of the Department. No employee shall use his or her official position to benefit the economic interest, private or personal interest of themselves or persons with whom they have a personal relationship.

f) No employee shall solicit or accept any payment, gift, favor, service, loan or entertainment or other consideration for themselves or others under circumstances that might reasonably be construed to influence the performance of their official duties.

g) No employee shall solicit or accept payment, gift, favor, service, discount, loan, entertainment, or other consideration from any entity or child care facility as defined in Section 437.20 or any entity which has a grant, contract, or purchase of service agreement, or adoption assistance agreement with the Department over which the employee has decision-making authority.

h) No employee may accept an honorarium for speeches, panel participation or written materials when:

- 1) he or she is speaking or writing as a representative of the Department; or
- 2) the speaking or writing engagement occurs during the employee's scheduled work time (unless earned benefit time is used); or
- 3) travel and related expenses are paid by the State.

i) An employee may accept a nominal token of appreciation or courtesy (such as meals, floral arrangements, plaque, certificate, cup or similar item) for participating in a governmental, civic, professional, athletic or similar event. The value of the token(s) accepted at a single event shall not exceed seventy-five (\$75) dollars. Any employee receiving such tokens which exceed two hundred (\$200) dollars in value in the aggregate during a single fiscal year shall notify the Department's office of internal audits within thirty days of receiving the token(s) which exceeds the allowable limit. Such notification shall be in writing, and shall identify the items received, the dates the items were received, and the names of the donor organization(s) or individual(s).

j) Any payment, gift, favor or other consideration not authorized for acceptance by subsection (i) above shall be returned to the donor immediately.

k) No employee who has a contract for future employment or is negotiating concerning possible future employment with any child care facility, as defined in Section 437.20, or any entity which has a grant, contract or purchase of service agreement with the Department shall be involved in any decision-making function that impacts that facility or entity. No employee shall be involved in any decision-making function that impacts any child care facility, as defined in Section 437.20, or any entity which has a grant, contract, purchase of service agreement or

l)

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adoption assistance agreement with the Department in which the employee or any immediate family member of the employee has an economic interest. When an employee or an immediate family member of an employee has an economic interest in such a facility or entity, and the employee is involved in any decision-making function that impacts that child care facility or other entity, the employee shall immediately notify the Director of the Department or designee. Such notification shall result in the employee's not being involved in any decision-making function that impacts that child care facility or other entity, and may result in a determination that an inherent conflict of interest is present which requires that the employee terminate his or her employment.

m) No employee shall participate in any way in the hiring, supervision, or evaluation of any immediate family member as defined by this Part. When an employee is the owner, director, officer, or manager of an entity which seeks to become licensed as a child care facility as defined in Section 437.20, other than a foster family home or day care home, the study to determine compliance with licensing standards shall be provided by a Department region other than that in which the individual is employed and by employees who have no significant working relationship or personal relationship with the individual. If such a license is granted, the employee must resign his or her employment before commencing any operations as such a child care facility. For the first five years of such operations, the child care facility shall be supervised, monitored, licensed, and evaluated by Department region other than that in which the individual was previously employed and by employees who had no significant working relationship with the individual while employed and always by employees who have no personal relationship with the individual.

n) When an employee or spouse seeks to become licensed as a foster family home or day care home, the study to determine compliance with licensing standards shall be provided by an agency other than the Department and by persons who have no significant working relationship or personal relationship with the employee. If such license is granted, the employee may continue his or her employment while operating the foster family home or day care home. The employee's or spouse's foster family home or day care home shall be supervised, monitored, licensed and evaluated by an agency other than the Department and by individuals who have no significant working relationship or personal relationship with the employee. The employee shall consult with appropriate supervisors to make sure his or her official duties do not involve any interaction with the agency responsible for supervising, monitoring, licensing, or evaluating the employee's foster family home or day care home. If the employee or spouse seeks to apply for a license to operate a day care home, but there is no licensed child welfare agency or day care agency that licenses daycare homes within 50 miles of the employee's residence, the employee can submit a request in writing to the Office of Internal

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Audits seeking an exemption from the requirements of this subsection, but only as the exemption pertains to day care homes.

- d) An employee who currently holds a license as a child care facility shall comply with the provisions of this Part immediately, except that, if necessary, transfer of the supervision, monitoring, licensing, and evaluation of a foster family home or day care home to an agency other than the Department shall be accomplished within one year of the effective date of this amendment or prior to the renewal of the license, whichever occurs first.

- g) An employee called as a witness in a court proceeding or administrative hearing on the basis of his or her official position or knowledge as a Department employee may not accept payment for such an appearance. Any payment or fees received shall be made payable to the Treasurer, State of Illinois, and turned over to the immediate supervisor. An employee called as a witness in a court proceeding or administrative hearing shall notify his or her immediate supervisor. The supervisor shall review the appearance for possible conflict of interest, and, if necessary, shall seek the assistance of the Department's office of internal audits in making a determination of whether a conflict exists.

- r) An employee who accepts employment at a juvenile court, other State agency, the legislature or a legislative commission or committee, or any entity which has a grant, contract or purchase of service agreement with the Department shall notify his or her immediate supervisor. The supervisor shall review the employment for possible conflict of interest, and, if necessary, shall seek the assistance of the Department's office of internal audits in making a determination regarding whether a conflict exists. Any such employment must comply with the Illinois Purchasing Act [30 ILCS 505]. (See Section 437.50.)

- s) An employee engaged in any secondary employment shall not permit such employment to interfere with his or her official duties and shall not use his or her relationship with the Department to promote his or her secondary employment.
- t) When an employee or any person with whom the employee has a personal relationship is the subject of an investigation or review conducted by the Office of Inspector General, office of internal audits, child protection, licensing, or other Department unit, the employee shall not use his or her status as an employee to influence or interfere with the investigation or review. The employee shall not participate in any decision-making regarding the results of the investigation or review, and shall have access to the record(s) of the investigation or review only as authorized by applicable statute or regulation. When the employee normally has authority over the person or persons responsible for the investigation or review, responsibility for the investigation or review and decision-making shall be transferred to a person or entity with no apparent conflict of interest.

(Source: Added by emergency amendment at 21 Ill. Reg. 11606.02,

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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effective August 8, 1997, for a maximum of 150 days)

### Section 437.50 Prohibitions Under the Illinois Purchasing Act EMERGENCY

- a) Employees who are receiving remuneration for services as State employees of the Department are subject to the prohibitions of the Illinois Purchasing Act [30 ILCS 505]. Very generally, the Illinois Purchasing Act prohibits certain contracts and economic interests of State employees, their spouses, and minor children. It also contains a reporting requirement and an exemption provision. All State employees must comply with the provisions of the Illinois Purchasing Act. State employees should, therefore, consult the Act to make sure that they are in compliance with it. If necessary, employees shall seek the assistance of the Department's office of internal audits in making a determination of whether they are in compliance with the Act. Section 11.1 of the Purchasing Act [30 ILCS 505/11.1] excludes from its restrictions payments made to an employee, his or her spouse or minor child acting as a foster parent, homemaker, advocate, or volunteer for or in behalf of a child or family served by the Department. Also excluded are contracts for teaching services at a public or private college, community college or university.

(Source: Added by emergency amendment at 21 Ill. Reg. 11606.02, effective August 8, 1997, for a maximum of 150 days)

### Section 437.60 Requirements of the Illinois Governmental Ethics Act EMERGENCY

- a) Employees who are receiving remuneration for services as State employees of the Department are required by the Illinois Governmental Ethics Act [5 ILCS 420/Article 4A] to file a yearly statement disclosing their economic interests when they:
- 1) are, or function as, the head of a department, commission, board, division, bureau, authority or other administrative unit within the government of this State, or who exercise similar authority within the government of this State;
  - 2) have direct supervisory authority over, or direct responsibility for, the formulation, negotiation, issuance or execution of contracts entered into by the State in the amount of \$5,000 or more;
  - 3) have authority for the issuance or promulgation of rules and regulations within areas under the authority of the State;
  - 4) have authority for the approval of professional licenses;
  - 5) have responsibility with respect to the financial inspection of regulated nongovernmental entities;
  - 6) adjudicate, arbitrate, or decide any judicial or administrative proceeding, or review the adjudication, arbitration or decision



## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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of any judicial or administrative proceeding, within the authority of the State; or

7) have supervisory responsibility for 20 or more employees of the State. (Section 4A-101 of the Act)

- b) Employees affected by the Act will be notified by mail from the Secretary of State's Index Department regarding the requirement to file a Statement of Economic Interest. Any employee who is required to file a Statement of Economic Interest, but fails to file the Statement by May 1 of each year, will be subject to a \$15.00 late filing fee. Any employee who fails to file the Statement by May 15 shall be subject to a penalty of \$100.00 per day from May 16 to the date that the Statement is filed with the Secretary of State. This penalty is in addition to the \$15.00 late filing fee associated with the May 1 deadline. Failure to file by May 31 of each year shall result in the forfeiture of employment.

- c) Any employee who willfully files a false or incomplete Statement of Economic Interest shall be guilty of a Class A misdemeanor.

(Source: Added by emergency amendment at 21 Ill. Reg. 11593, effective August 8, 1997, for a maximum of 150 days)

**Section 437.70 Prohibition of Employee Conflicts in the Care of Children****EMERGENCY**

No employee shall take a child for whom the Department is legally responsible to the employee's residence, or in any way be involved in arranging or facilitating the transportation of such a child to the employee's residence unless:

- a) the employee is a licensed foster parent or unlicensed relative caregiver and the child has been placed with the employee for foster care or adoption purposes. Placement of a child with an employee must be approved by the administrator responsible for the region; or
- b) the person(s) responsible for the day to day care of the child has consented to the child's visit to the employee's residence or has authorized the employee to transport the child in-state and, for purposes of transportation, the employee has a valid driver's license, insurance as required by law, and uses appropriate child safety restraint devices; or
- c) a child aged 16 or over has been placed in an independent living arrangement, supervised by a different employee or another agency, and the child is residing in an apartment or other separate unit of the building where the employee resides; or
- d) the administrator responsible for the region has approved the child staying overnight at the employee's residence because of inclement weather or other emergency. Verbal approval by the administrator must be confirmed in writing the next business day.

(Source: Added by emergency amendment at 21 Ill. Reg. 11593,

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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effective August 8, 1997, for a maximum of 150 days)

**Section 437.80 Requirements of Executive Order #3 (1977)****EMERGENCY**

- a) In addition to the requirements of the Illinois Governmental Ethics Act, certain employees in critical government positions are required to file a Statement of Personal Economic Disclosure. This is a requirement of Executive Order #3 (1977), "Personal Economic Disclosure." Staff included under Executive Order #3 are the following: appointed by the Governor; approve and certify vouchers; issuance of contracts, licensing, financial inspection of regulated private entities; staff in policy-making positions; or such other responsibilities determined to have potential conflict of interest.
- b) The Department's office of internal audits contacts each employee subject to Executive Order #3 by memorandum instructing them to complete the attached Statement of Economic Interest which is attached to the memorandum and return it to the State Board of Ethics no later than April 30 of each year. Failure to file in a timely manner, or the willful making of a false, misleading, or incomplete Statement of Economic Interest or failure to cooperate with the State Board of Ethics shall be grounds for disciplinary action, including dismissal.

(Source: Added by emergency amendment at 21 Ill. Reg. 11593, effective August 8, 1997, for a maximum of 150 days)

**Section 437.90 Violations of Part 437****EMERGENCY**

- a) Strict compliance with all of the provisions of this Part is mandatory and any non-compliance may subject the employee to criminal penalties, suspension, or discharge from employment.
- b) Any employee who has reasonable cause to believe that an employee is in violation of any of the provisions of this Part shall refer the matter to the Department's office of internal audits.
- c) The Department may require any employee who appears to be in violation of any of the provisions of this Part to document all of his or her actions undertaken in order to comply with all of the provisions of this Part.
- d) Discipline imposed for violations of this Part will be based, in part, upon whether the employee:
  - 1) Used his or her official position for private gain (other than salary);
  - 2) Gave preferential treatment to any entity or person in the conduct of official duties because of personal interest or personal relationship;
  - 3) Impeded or adversely affected governmental efficiency or economy because of personal interest or personal relationship.



## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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- 4) Failed to act impartially in the conduct of official duties because of personal interest or personal relationship; or
- 5) Engaged in conduct which could adversely affect the confidence of the public in the integrity of the Department of Children and Family Services.

(Source: Added by emergency amendment at 21 Ill. Reg. 11603, effective August 8, 1997, for a maximum of 150 days)

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF EMERGENCY RULE

- 1) Heading of the Part: Universal Service
- 2) Code Citation: 83 Ill. Adm. Code 765
- 3) Section Numbers: 765.10  
Emergency Action: New Section
- 4) Statutory Authority: Implementing Section 254 of the Communications Act of 1934 (47 U.S.C. 254) and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/10-101].
- 5) Effective Date of Rule: July 31, 1997
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable
- 7) Date Filed in Agency's Principal Office: July 30, 1997
- 8) Reason for Emergency: On May 8, 1997, the Federal Communications Commission (FCC) issued its Report and Order, FCC Order No. 97-157, (Order) implementing key portions of Section 254 of the Telecommunications Act of 1996 (the Act), which addresses universal service. In the Act, Congress directed the FCC and state commissions to take steps necessary to establish support mechanisms to ensure the delivery of affordable telecommunications service to all Americans, including low income consumers, eligible schools and libraries and rural health care providers. The FCC's Order identifies the services to be supported by federal universal service funding and the mechanisms whereby such funding will be provided. Discounts on telecommunications services and certain non-telecommunications services for schools and libraries are among the items earmarked for federal funding.

Section 254 of the Act provides in relevant part:

All telecommunications carriers serving a geographic area shall, upon a bona fide request for any of its services that are within the definition of universal service under subsection (c)(3), provide such services to elementary schools, secondary schools and libraries for educational purposes at rates less than the amounts charged for similar services to other parties. The discount shall be an amount that the Commission [FCC], with respect to interstate services, and the States, with respect to intrastate services, determine is appropriate and necessary to ensure affordable access to and use of such services by such entities.

On July 17, 1997, 47 CFR 54.505 became effective, containing the FCC's discount matrix setting out discounts correlated to students' eligibility for the national school free and reduced lunch program, and urban or rural

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF EMERGENCY RULE

location based on metropolitan statistical areas (MSAs). The FCC has indicated that federal universal service support will be distributed on a first-come, first-served basis with reimbursement to participating entities beginning on January 1, 1998.

The emergency rule incorporates by reference the FCC rule which sets discounts ranging from 20 percent to 90 percent for all telecommunications services, internet access, and internal connections. These State-set discounts would be available for intrastate services.

In order for the eligible entities in the State of Illinois to participate in this program in a timely fashion, it is in the public interest to adopt this rule immediately.

- 9) A Complete Description of the Subjects and Issues Involved: See Item 8 above.
- 10) Are there any proposed amendments to this Part pending? No
- 11) Statement of Statewide Policy Objectives: This emergency rule neither creates nor expands any State mandate on units of local government, school districts, or community college districts.
- 12) Information and questions regarding these rules shall be directed to:

Conrad Rubinkowski  
Office of General Counsel  
Illinois Commerce Commission  
527 East Capitol Avenue  
P.O. Box 19280  
Springfield, IL 62794-9280  
Phone: (217)785-3922

The full text of the emergency rule begins on the next page:

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF EMERGENCY RULE

TITLE 83: PUBLIC UTILITIES  
CHAPTER I: ILLINOIS COMMERCE COMMISSION  
SUBCHAPTER f: TELEPHONE UTILITIES

## PART 765

## UNIVERSAL SERVICE

Section  
765.10 Discounts for Entities Eligible for Universal Service Support  
EMERGENCY

AUTHORITY: Implementing Section 254 of the Communications Act of 1934 (47 U.S.C. 254) and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/10-101].

SOURCE: Emergency rules adopted at 21 Ill. Reg. 11611, effective July 31, 1997, for a maximum of 150 days.

Section 765.10 Discounts for Entities Eligible for Universal Service Support  
EMERGENCY

- a) The Illinois Commerce Commission adopts the amounts specified in 47 CFR 54.505 as of July 17, 1997 for the discounts on intrastate telecommunications services available to those entities that qualify for such universal service discounts on intrastate telecommunications services pursuant to 47 CFR 54.501.
- b) No later amendments or editions are incorporated by this Part.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PUBLIC HEARINGS ON PROPOSED AMENDMENTS

- 1) Heading of the Part: Aid to Families with Dependent Children (Being changed to: Temporary Assistance for Needy Families)
- 2) Code Citation: 89 Ill. Adm. Code 112
- 3) Register Citation to Notice of Proposed Rules: 21 Ill. Reg. 8426, (July 7, 1997)

4) Date, Time and Location of Public Hearings:

Tuesday, August 26, 1997  
 9:00 A.M. - 1:00 P.M.  
 State of Illinois Building  
 Auditorium Rm. C-500  
 160 N. LaSalle  
 Chicago, Illinois

Wednesday, August 27, 1997  
 9:00 A.M. - 1:00 P.M.  
 Lincoln Library  
 Carnegie Rm.  
 326 S. 7th Street  
 Springfield, Illinois

5) Other Pertinent Information:

The hearings will be held for the sole purpose of gathering public comments on the proposed Amendments. Persons interested in presenting testimony at this hearing are advised that the Illinois Department of Human Services will adhere to the following procedures in the conduct of the hearing:

1. No oral testimony shall exceed an aggregate of ten (10) minutes.
2. Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.
3. No person will be recognized to speak for a second time until all persons wishing to testify have done so.
4. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedures, including the order of call of witnesses, as she/he deems necessary.
5. Persons requiring reasonable accommodation due to disability must contact the Bureau of Administrative Rules and Procedures by August 20, 1997.

- 6) Name and Address of Agency Contact Person: Questions regarding these proposed Amendments or the public hearing shall be directed to:

Susan Warner, Bureau Chief

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PUBLIC HEARINGS ON PROPOSED AMENDMENTS

Illinois Department of Human Services  
 Bureau of Administrative Rules and Procedures  
 623 E. Adams, P.O. Box 9429  
 Springfield, IL 62794-9429  
 217-785-3896 (voice)  
 217-785-9301 (TTY)



## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PUBLIC HEARINGS ON PROPOSED RULES

- 1) Heading of the Part: Child Care
- 2) Code Citation: 89 Ill. Adm. Code 50
- 3) Register Citation to Notice of Proposed Rules: 21 Ill. Reg. 9502 (July 18, 1997)
- 4) Date, Time and Location of Public Hearings:

Tuesday, August 26, 1997	Wednesday, August 27, 1997
1:00 P.M. - 5:00 P.M.	1:00 P.M. - 5:00 P.M.
State of Illinois Building	Lincoln Library
Auditorium Rm. C-500	Carnegie Rm.
160 N. LaSalle	326 S. 7th Street
Chicago, Illinois	Springfield, Illinois

5) Other Pertinent Information:

The hearings will be held for the sole purpose of gathering public comments on the proposed Rule. Persons interested in presenting testimony at this hearing are advised that the Illinois Department of Human Services will adhere to the following procedures in the conduct of the hearing:

1. No oral testimony shall exceed an aggregate of ten (10) minutes.
2. Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.
3. No person will be recognized to speak for a second time until all persons wishing to testify have done so.
4. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedures, including the order of call of witnesses, as she/he deems necessary.
5. Persons requiring reasonable accommodation due to disability must contact the Bureau of Administrative Rules and Procedures by August 20, 1997.

6) Name and Address of Agency Contact Person: Questions regarding these proposed Rules or the public hearing shall be directed to:

Susan Warner, Bureau Chief  
Illinois Department of Human Services  
Bureau of Administrative Rules and Procedures

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PUBLIC HEARINGS ON PROPOSED RULES

623 E. Adams, P.O. Box 9429  
Springfield, IL 62794-9429  
217-785-3896 (voice)  
217-785-9301 (TTY)

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of July 29, 1997 through August 4, 1997 and have been scheduled for review by the Committee at its August 12, 1997 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
9/13/97	Department of Revenue, Retailers' Occupation Tax (86 Ill Adm Code 130)	6/6/97 21 Ill Reg 6801	8/12/97
9/13/97	Department of Revenue, Retailers' Occupation Tax (86 Ill Adm Code 130)	6/13/97 21 Ill Reg 7091	8/12/97
9/13/97	Department of Revenue, The Gas Revenue Tax Act (86 Ill Adm Code 470)	6/6/97 21 Ill Reg 6819	8/12/97
9/17/97	Department of Employment Security, Claims, Adjudication, Appeals and Hearings (56 Ill Adm Code 2720)	6/20/97 21 Ill Reg 7628	8/12/97

PROCLAMATIONS

97-401  
PARENTS' DAY

Whereas, the National Parents' Day Foundation was established to provide education, conduct forums and publish literature designed to build up the traditional two-parent family; and  
Whereas, the Foundation also gives special recognition to exemplary people who through their sacrificial lives set an example of parenting worthy of emulation by others; and  
Whereas, parents are daily caretakers and lifelong role models that guide us and share the values and lessons that enable us to grow and flourish; and  
Whereas, it is vital to support today's parents, to honor those who have taught us so much, and to impress upon young people the tremendous responsibility of parents;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 27, 1997, as PARENTS' DAY in Illinois.  
Issued by the Governor July 17, 1997.  
Filed by the Secretary of State July 25, 1997.

97-402  
SCHOOL'S OPEN SAFETY WEEK

Whereas, AAA School Safety Patrol members in bright orange Patrol belts soon will be on duty guiding their fellow students as they cross busy intersections near schools; and  
Whereas, the Student Safety Patrols, pioneered by the AAA-Chicago Motor Club in 1920, provide life-saving protection for thousands of school children statewide; and  
Whereas, approximately 500,000 youngsters from 50,000 schools serve on AAA School Safety Patrols, and 31 foreign countries now have Patrol programs; and  
Whereas, the AAA School Safety Patrol service program has been credited with helping to achieve the dramatic decrease in pedestrian death rates for children between the ages of five and 14 in the United States; and  
Whereas, members of the AAA School Safety Patrol selflessly devote their time and safeguard the lives of fellow classmates walking to and from school and the school bus stop; and  
Whereas, members of the AAA School Safety Patrol perform a valuable community service every day of the school year in a responsible, effective manner; and  
Whereas, the AAA School Safety Patrol program acquaints children with a better knowledge of traffic hazards and safe pedestrian practices; and  
Whereas, the program offers young citizens the opportunity to assume responsibility in the community; and  
Whereas, motorists must be alert for children at school crossings, review and follow the rules of the road as they apply to school zones and respect AAA Safety Patrol members performing their duties;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 24-30, 1997, as SCHOOL'S OPEN SAFETY WEEK in Illinois.  
Issued by the Governor July 17, 1997.

Filed by the Secretary of State July 25, 1997.

## 97-403

**CHAMBER OF COMMERCE WEEK**

Whereas, chambers of commerce work with Illinois businesses, merchants and industry to advance the civic, economic, industrial, professional and cultural life of our state; and

Whereas, chambers of commerce have contributed to the civic and economic life of Illinois for 159 years, since the Galena Chamber of Commerce was founded in 1838; and

Whereas, chambers of commerce encourage the growth of existing industries, services and commercial firms and encourage new businesses and individuals to locate in Illinois, acting as a liaison with the State of Illinois, local governments, schools and the business community; and

Whereas, this year marks the 82nd anniversary of the Illinois Association of Chamber of Commerce Executives, a career development organization for chamber of commerce professionals; and

Whereas, Illinois is the home to international chambers of commerce, the Midwestern Service Center of the U.S. Chamber of Commerce, the Illinois State Chamber of Commerce and more than 300 local chambers of commerce;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 21-27, 1997, as CHAMBER OF COMMERCE WEEK in Illinois.

Issued by the Governor July 18, 1997.

Filed by the Secretary of State July 25, 1997.

## 97-404

**CHILD AND YOUTH CARE WORKERS WEEK**

Whereas, professional child and youth care workers provide, directly or indirectly, for the nurturance, treatment and support of children and youth in treatment centers, hospitals, institutions, day care programs, community centers, schools and homes; and

Whereas, they are dedicated to taking an active and responsible role in meeting the regular and special needs of the children in their care; and

Whereas, in Illinois, the more than 5,000 child and youth care workers contribute not only to the well-being of their charges, but to the economy and welfare of the entire state;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 28-October 4, 1997, as CHILD AND YOUTH CARE WORKERS WEEK in Illinois.

Issued by the Governor July 18, 1997.

Filed by the Secretary of State July 25, 1997.

## 97-405

**SOKOL COMPETITION DAYS**

Whereas, the Sokol organization will celebrate 132 years in America; and

Whereas, the organization hosts Sokols from the Czech Republic, Slovak Republic, Slovenia, Canada and throughout the United States; and

Whereas, there will be several competitions including artistic gymnastics, rhythmic gymnastics, volleyball, swimming, basketball, bowling, golf and a fun walk run; and

Whereas, the objective of the Sokol organization is to utilize sporting competitions as a means of promoting physical fitness, cultural awareness and education courses; and

Whereas, the Sokol organization should be commended for their dedication to providing services that have a positive impact on the international Sokol community;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 25-29, 1997, as SOKOL COMPETITION DAYS in Illinois.

Issued by the Governor July 18, 1997.

Filed by the Secretary of State July 25, 1997.

## 97-406

**BUD BILLIKEN DAY**

Whereas, for 67 years, the annual Chicago Defender Charities' Bud Billiken Parade and Picnic has provided wholesome fun and entertainment without charge to thousands of children; and

Whereas, the Bud Billiken observance gives adults an opportunity to share fun and fellowship with youth; and

Whereas, this year's Bud Billiken Parade marks the 68th year of the noteworthy, neighborly celebration; and

Whereas, the Bud Billiken Parade and Picnic has been one of the most distinguished and outstanding events in the city of Chicago, worthy of the wholehearted support of all citizens;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 9, 1997, as BUD BILLIKEN DAY in Illinois.

Issued by the Governor July 21, 1997.

Filed by the Secretary of State July 25, 1997.

## 97-407

**DAYS OF THE BUFFALO**

Whereas, the 17th Infantry Regiment fought in World War II in the Aleutians, Kwajalein, Leyte and Okinawa; and

Whereas, the 17th Infantry Regiment was the first and only U.S. Army unit to reach the Yalu River in Hysanjin, North Korea; and

Whereas, the 17th Infantry Regiment fought the Chinese in 1951 under the leadership of Colonel William "Buffalo Bill" Quinn; and

Whereas, the 17th Infantry Regiment Association will have a reunion in Peoria, Illinois; and

Whereas, retired Lieutenant General William Quinn and Sergeant Einar Ingman, Medal of Honor recipient, along with others of the 17th Infantry will be in attendance at the reunion;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 4-7, 1997, as DAYS OF THE BUFFALO in Illinois.

Issued by the Governor July 21, 1997.

Filed by the Secretary of State July 25, 1997.

## 97-408

**KOREAN WAR REMEMBRANCE DAY**

Whereas, the Korean War was a costly and devastating time in our nation's



history; and  
Whereas, the 44th anniversary of the Armistice of the Korean War will be observed July 27; and  
Whereas, although we are now at peace, the courage and sacrifices of our veterans cannot be forgotten;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 27, 1997, as KOREAN WAR REMEMBRANCE DAY in Illinois.  
Issued by the Governor July 21, 1997.  
Filed by the Secretary of State July 25, 1997.

## 97-409

## FRESH VEGETABLE MONTH

Whereas, Illinois' climate and fertile soil help to make our state a world leader in agricultural production; and  
Whereas, a valuable segment of our state's agricultural economy is vegetable production; and  
Whereas, the consumption of fresh vegetables is important to good health;  
and  
Whereas, the majority of the state's grown produce is harvested during the month of August;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 1997 as FRESH VEGETABLE MONTH in Illinois.  
Issued by the Governor July 22, 1997.  
Filed by the Secretary of State July 25, 1997.

## 97-410

## INDO-AMERICAN COMMUNITY WEEK

Whereas, the Federation of India Associations Chicago is the largest Indian-American organization dedicated to serving the community of Chicago; and  
Whereas, the Federation of India Associations will sponsor a parade in honor of India's 50th anniversary of independence; and  
Whereas, the purpose of the parade is to showcase the rich heritage of India and its people; and  
Whereas, the parade will feature colorful floats, exhibits, food booths, boutique stalls and ethnic antique items; and  
Whereas, the parade will be held on August 17, 1997, on Devon Avenue in Chicago;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 15-22, 1997, as INDO-AMERICAN COMMUNITY WEEK in Illinois.  
Issued by the Governor July 22, 1997.  
Filed by the Secretary of State July 25, 1997.

## 97-411

## ECUADOR DAY

Whereas, the Ecuadorian community worldwide celebrates May 24 in recognition of the Battle of Pichincha, an important event in their quest for independence; and  
Whereas, August 10 is recognized as Ecuador's Day of Independence and is the holiday of the Ecuadorian population throughout the world; and

Whereas, the Ecuadorian community is an important part of Illinois international composition thanks to the achievements of organizations such as the Ecuadorian Civic Society;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim August 10, 1997, as ECUADOR DAY in Illinois in recognition of the contributions Ecuadorians make to the strength, diversity and prosperity of this state.  
Issued by the Governor July 23, 1997.  
Filed by the Secretary of State July 25, 1997.

## 97-412

## FAMILY WEEK

"There's no vocabulary  
For love within a family, love that's lived in  
But not looked at, love within the light of which  
All else is seen, the love within which  
All other love finds speech.  
This love is silent."

T.S. Eliot, The Elder Statesman, 1958

Whereas, the family is the entity that nurtures the values which have made America great. The bonds of familial love are the foundation of our nation's strength; and  
Whereas, the trust, duty, respect, and cooperation that are a way of life for family members are traits that reinforce the fabric and function of all societal units from the neighborhood to the nation. The acceptance of each individual family member's uniqueness, teamed with simultaneous, unified strides to improve gives momentum to our progress as a nation; and  
Whereas, appropriately placed with the traditional week of Thanksgiving, National Family Week is a period of thanks for all the contributions the family has made to our country;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim November 23-29, 1997, as FAMILY WEEK in Illinois in conjunction with the national observance.  
Issued by the Governor July 23, 1997.  
Filed by the Secretary of State July 25, 1997.

## 97-413

## FRANKEL &amp; CO. CONGRATULATED

Whereas, Frankel & Co. was founded in Chicago, Illinois, by Bud Frankel in 1962; and  
Whereas, Frankel & Co. is a marketing and promoting agency that employs 700 people; and  
Whereas, Frankel & Co. will celebrate its 35th anniversary at the Chicago Historical Society;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, extend congratulations to Frankel & Co. on reaching this milestone.  
Issued by the Governor July 23, 1997.  
Filed by the Secretary of State July 25, 1997.

## 97-414

## MEXICAN INDEPENDENCE MONTH

Whereas, the Sociedad Civica Mexicana de Illinois, Inc. is a not-for-profit organization that seeks to perpetuate the customs and traditions of Mexican culture and promote goodwill and understanding among all Illinoisans; and

Whereas, the Sociedad Civica Mexicana de Illinois, Inc. has established a fund to grant \$1,000 scholarships to Latino students; and

Whereas, the Sociedad Civica Mexicana de Illinois, Inc. has sponsored the Fiestas Patrias since 1969; and

Whereas, the Honorable Leonardo French, Consul General of Mexico, the official representative of Mexico in Illinois, will crown the queen of Mexican festivities at the Aztec Banquet; and

Whereas, 1997 marks the 187th anniversary of Mexico's independence and the 28th anniversary of the Sociedad Civica Mexicana de Illinois, Inc.;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 1997 as MEXICAN INDEPENDENCE MONTH in Illinois.

Issued by the Governor July 23, 1997.

Filed by the Secretary of State July 25, 1997.

97-391

## DR. RUSSELL JAMES MARTIN DAY (REVISED)

Whereas, the Illinois Department of Public Health's Division of Infectious Diseases is responsible for protecting the people of the state from a variety of illnesses, including HIV/AIDS, sexually transmitted diseases, tuberculosis, rabies, influenza and vaccine-preventable diseases; and

Whereas, Dr. Russell James Martin, after serving as a U.S. Public Health Service EIS officer with the Department for two years, joined the Division of Infectious Diseases in 1966 and became chief of the Division of Infectious Diseases in 1986; and

Whereas, Dr. Martin also has served the state with distinction as a member and president of the Illinois Public Health Association and as a member of the Illinois Academy of Veterinary Medicine; and

Whereas, Dr. Martin has tirelessly contributed to the education of future generations of veterinarians through his academic appointment with the University of Illinois College of Veterinary Medicine and through his involvement with the university's student chapter of the American Veterinary Medicine Association; and

Whereas, Dr. Martin has served nationally in the American Public Health Association, the Conference of Public Health Veterinarians and the National Association of State Public Health Veterinarians; and

Whereas, Dr. Martin has extended his service to the international community by serving as a consultant to the French Ministry of Foreign Affairs concerning the role of veterinarians in public health agencies; and

Whereas, Dr. Martin is now retiring from these many positions and activities;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 25, 1997, as DR. RUSSELL JAMES MARTIN DAY in Illinois and wish him happiness and health in all of his future endeavors.

Issued by the Governor July 10, 1997.

Filed by the Secretary of State July 25, 1997.

Rules acted upon during the quarter of April 1 through June 30, 1997 (Issues 17-28) are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 4401 published in Issue 40 will be listed as 50-4401-40. The letter "R" designates a rule that is being repealed. The quarterly Sections Affected Index and Cumulative Index will be published in Issue 29 (July 15), Issue 42 (October 17), and Issue 3 (January 16, 1998). Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@cgate.sos.state.il.us (Internet address).

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